

Medical Coaching Training

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By Shiri Ben Arzi & MCI – the Medical Coaching Institute, Israel

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Contact details: MCI, 6 Irmiahu St., Ramat Hasharon, Israel 47298
mail: office@mci-il.com, tel: +972525964477, fax: +972773322386

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The Medical Coaching premises regarding illness and/or medical crisis:

No Choice

Trauma and Loss

The "Field" is the Body

Perspectives on illness, chronic illness and medical crisis

There are 4 common denominators for all medical crises:

1. The field of events is in the client's body.
2. The client lacks choice regarding the characteristics of the crisis.
3. The client experiences loss of control over his/her body (the most basic container of the self).
4. The client experiences loss of trust and betrayal at the most fundamental aspects of physical existence.

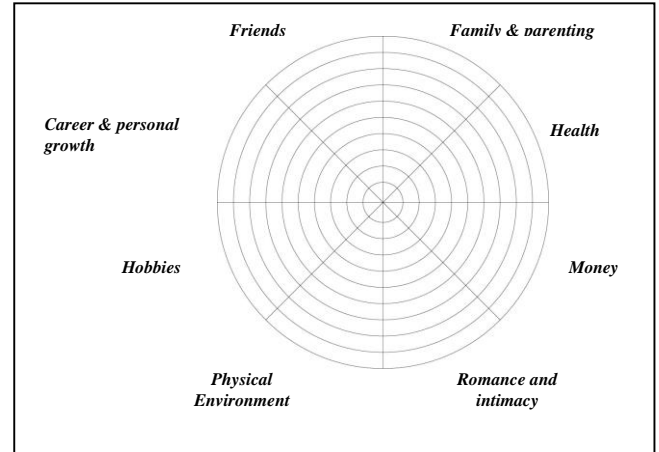
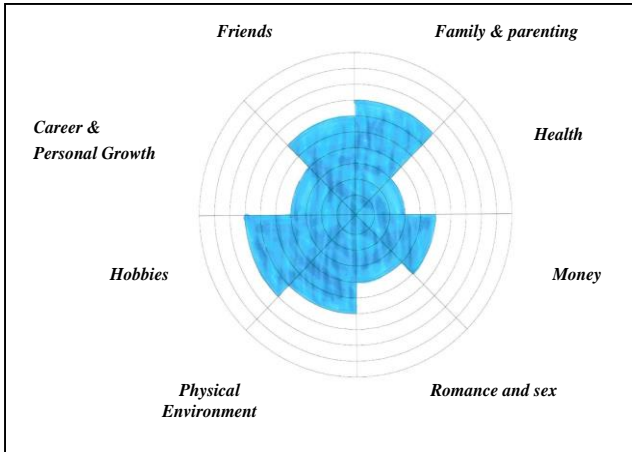
In western culture our body's health, function, vitality and appearance is associated with self-worth, sexual desirability, social status, financial stability and abundance. A medical crisis and/or chronic illness is perceived to be more than just a physical issue.

There are many perspectives on illnesses/medical crises.

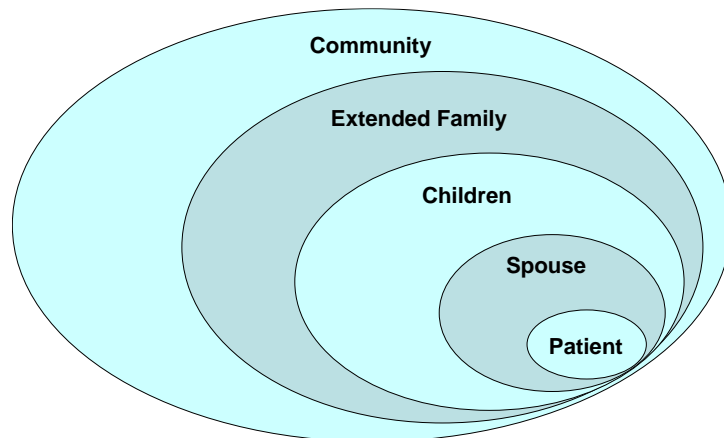
Our ability to create rapport depends on our ability to understand our client's model of the world – the cognitive map/internal mental map.

An illness, chronic illness or medical crisis is:

1. An event of dramatic impact on all areas of life



2. An event of dramatic impact on family and community



3. A Trauma

There are 3 types of Trauma:

- a. Physical Trauma
- b. Emotional Trauma
- c. Mental Trauma

4. An experience of major loss

- Health
- Physical abilities
- Trust in the body
- Autonomy of the the body
- Career
- Income
- Friends
- Social Status
- Privacy
- Dreams
- Perception of self
- Self worth
- Sexuality
- Mobility
- Independence
- Identity

5. A Crisis/Journey of the Soul

Illness shakes the foundation of all that we believe about ourselves and the world. While we face danger and our own mortality we are also confronted with questions about the meaning of life and the boundries of our realtionships. There is an opportunity to turn the crisis of the soul into a soul journey.

6. "Time Out"

When we find ourselves living a life we did not intend to live, a life that is not aligned with our values and is deaf to our inner calling, the body will call a "Time Out" and offer us the opportunity to rest, rethink and turn our lives in another direction.

7. A Mistake

Biological and/or chemical malfunction of the body.

8. An Experience of Betrayal

Our body is the most primary and basic container of who we are. We learn and experience the world through our body and senses. Our relationship with our body is the most important and intimate relationship we will ever have and it is the foundation of all other relationships in our lives.

When our body 'turns on us" and betrays our trust, intimacy with ourselves is the first thing we lose.

If we cannot trust our body to be safe – how can we trust the world?

If we cannot have intimacy with ourselves – how can we have intimacy with others?

9. Fate/ Karma

Fate – A force more powerful than us that shapes and determines our future.

Karma – A circle of action and reaction.

The total of all one's actions – past, present and future, creates a reaction in the form of a new reality.

10. An Inner Imbalance

- Energetic imbalance - imbalanced levels of Chi – life energy
- Emotional imbalance
- Stress

11. Physical Imbalance

- Toxins
- Genetics
- Pollution
- Smoking
- Drugs and alcohol
- Medication and side affects
- Sleep deprivation
- Extreme exposure to cold and/or hot
- Nutrition

12. A Subculture

Culture - A group whose members share characteristics, have similar needs, and develop behavioural norms.

Subculture - a subversion to normalcy. A group of like-minded individuals who feel neglected by social standards and come together to create a platform for social criticism and an alternative social and personal narrative.

***Medical Coaching is a process
of mental and emotional support
to help the client
get the most out of their medical therapy.***

The Distinction between Curing & Healing

Curing

What a physician seeks to offer.

Healing

Healing is the physical, emotional, mental and spiritual process of becoming whole.

Healing is living with all that life brings us (stress, pain, challenges, struggles of life...) in a way that makes us feel whole and allows us to discover what it means to be alive at this point in our lives.

The premises of Medical Coaching

- 1. The Client is naturally creative, resourceful, accountable and whole.**
- 2. Every behaviour is motivated by a positive intent for the person doing the behaviour.**
 - 2.1. The present behaviour is the best choice with the resources available.
 - 2.2. Behaviour and change are to be evaluated in terms of context and ecology.
 - 2.3. People are not their behaviours.
 - 2.4. Every behaviour can be made into a model.
- 3. Medical Coaching focuses on the person as a whole and his/her subjective perception of the world.**
- 4. A medical crisis/illness is a multi-dimensional process: physical, emotional, mental, spiritual, social and environmental.**
- 5. Energy flows where attention goes (Law of Attraction).**
- 6. There is no failure – only feedback.**
- 7. The Internal Representation/Perspective is not the "Objective Reality"**
 - 7.1. The words are NOT the event or the item they describe.
 - 7.2. Each person has unique Internal Representations/Perspectives. Respect them.
 - 7.3. People create Internal Representations /Perspectives of the reality they experience.
 - 7.4. People are not aware of all their Internal Representations /Perspectives.
 - 7.5. Everyone is responsible for their own Internal Representations /Perspectives and behaviour.
- 8. People have all the resources they need to achieve their desired outcomes.**
 - 8.1. There are no un-resourceful people, only un-resourceful states.
 - 8.2. People act perfectly to achieve the outcome they receive.
 - 8.3. The person with the most resources will be the most influential in the system.
- 9. The meaning of communication is the response you get.**
 - 9.1. People communicate all the time.
 - 9.2. The most powerful form of communication is non-verbal.
 - 9.3. If you do not receive the response you want – change the communication.
 - 9.4. Resistance in a client is a sign of lack of rapport.

Medical Coaching – The Model

As Medical Coaches we facilitate our client's journey towards an authentic, healthy state of being - back home.

The Model:

1. Hearing the inner calling.
2. Creating a commitment and crossing the threshold.
3. The Healing Journey.
4. The return HOME – completion.

1. Hearing the Inner Calling

The Inner Calling is the voice of the client's soul, a calling that cannot be overlooked or ignored. It is a calling for change, learning, growth and healing.

As Medical Coaches we help our clients turn their inner calling into a vision and a set of goals.

Reminder:

A vision is our "footprint" in this world. Who we want to be in this world.

Goals are stepping-stones on the path to fulfill our vision.

Once our client has a clear understanding of the Inner Calling we move on to set goals.

2. Creating a commitment and crossing the threshold

Whether our client's journey is physical or spiritual, embarking on this journey requires that our client leave his/her comfort zone.

Whichever way we look at it - it is a frightening thing to do.

Such a frightening and challenging act requires a powerful commitment that can serve as a resource and anchor during the journey.

To this end we create a rite of passage with our client.

This rite of passage marks the moment of crossing the threshold and needs to have a strong symbolic and emotional meaning for the client.
As a coach, don't be afraid to be very creative.

In order to create a safe space for your client to embark on this journey, you need to negotiate a clear coaching agreement with clear boundaries and specific goals.



Goal Setting:

An integral part of “crossing the threshold” is setting clear goals.

In order to facilitate this process for your client you might want to use the following questions:

- Where are you now health wise?
- What changes would you like to make in your life?
- What is important for you regarding your health?
- What will you feel, sense, see, hear and smell once you reach your goal?

Goals can be set using an extended version of the **S.M.A.R.T** Model or an NLP model of **Logical Levels of Change**.

3. The healing journey

In Medical Coaching we work with the Shamanic Perspective regarding healing: an ongoing process of becoming whole.

During this healing process we meet our allies, discover our strengths, cope with fears/challenges/limiting beliefs/'Gremlins', get positive learnings out of past events and tap into our personal and collective sub-conscious.

The Healing Journey includes 3 main interactive dynamics:

1. Overcoming hurdles and fear

- Limiting beliefs
- "Negative" emotions
- Conflicts
- Anxiety
- Stress
- Trauma
- Loss
- "Toxic" relationships

2. Connecting with resources and allies

- Empowering relationships
- Modelling
- Inspiration
- Cleaning "CRAP"
- Body-Soul connection
- Intuition
- Role models
- Re-connection to past resources

3. Allowing transformation

Medical Coaching isn't instant pudding.

In order to create a sustainable process the client (and especially – the client's brain) needs time to allow assimilation of all the changes – this is called: **transformation time**.

4. THE RETURN HOME – Completion

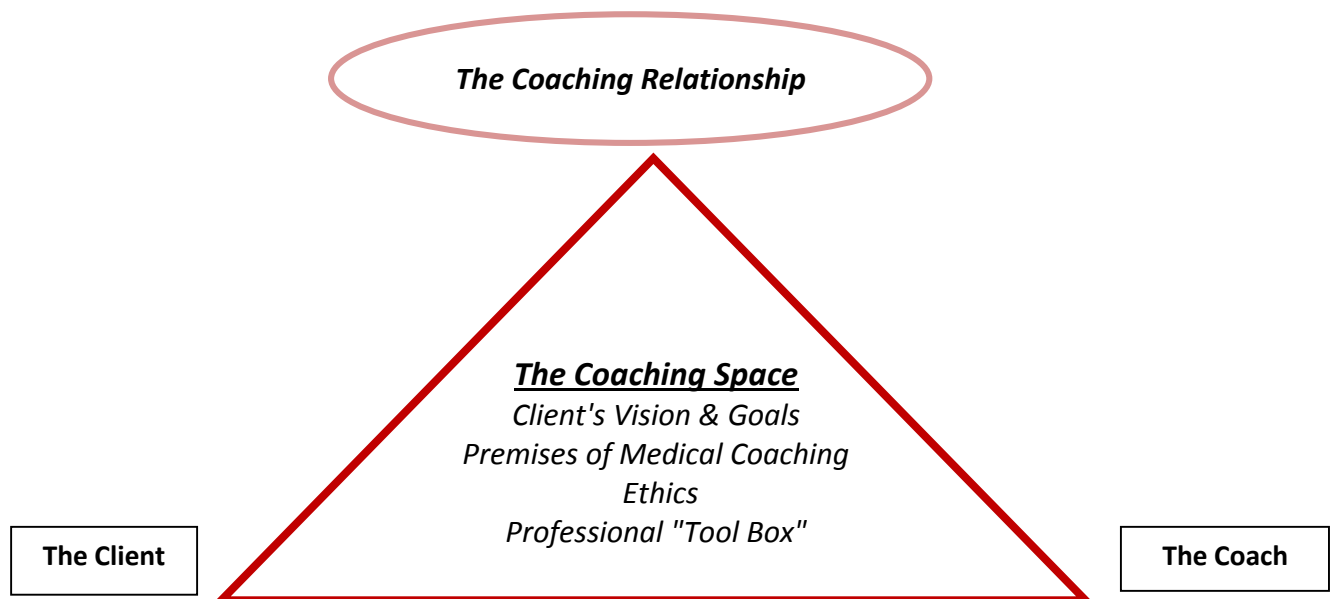
The healing journey, much like the "Hero's Journey", changes those who choose to embark on it and it changes the home as well.

As we begin the completion part of the Medical Coaching process it is important to address a few points:

- What learnings does the client take from the journey?
- How has the home changed?
- What still needs to be healed?
- Is there a new calling?
- What accomplishments need to be celebrated?



The Coaching Relationship



The Coach –

- Is professionally certified in Medical Coaching.
- Is knowledgeable in the ICF code of ethics and the MCI ethics appendix.
- Has a positive outlook and anticipation.
- Sees the person beyond the illness.
- Addresses the client's entire life and not just the illness.
- Can see the client in his/her greatness.
- Calls the client forth into the client's greatness.
- "Dances in the Moment" with the client throughout the process.
- Has a META-View.
- Can create action structures.
- Paces and leads.
- Is in charge of creating and maintaining rapport.
- Calibrates at all times.
- Self manages at all times.
- Keeps learning and developing professionally.
- Receives regular supervision.
- Exercises personal maintenance and self reflection.
- Holds the light of hope and focus throughout the process.
- Signs a Coaching Agreement with the client.

The Client –

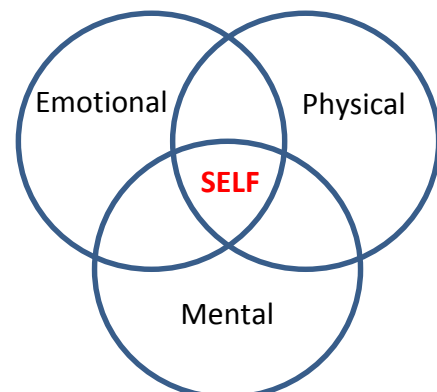
- Is naturally creative, resourceful and whole.
- Holds the agenda.
- Experiences him/herself as a person coping with a medical issue.
- Is over the age of 17.
- Does not suffer from a mental illness.
- Does not suffer from clinical depression.
- Signs a Coaching Agreement with the coach.

The Medical Coaching relationship is –

- A professional coaching relationship.
- Designed by coach and client.
- Specified in an agreement.
- Defined by a professional Code of Ethics.
- Dynamic .
- Honest.
- Brave.
- Challenging.
- Consistent.

Guiding Principle:

1. "Health" is not the absence of illness, it is the state of mind of wholeness.
2. "Healing" is the process of becoming whole.
3. People heal when they are ready and at their own pace.
4. The medical coaching addresses the client's sense of self through three dimensions: Physical, Emotional and Mental.



Understanding the Process of Change

There are three reasons for failure or success in trying to create change:

Success	Failure
Wanting to create a change and being able to create an internal representation of it.	Lacking the ability to create an internal representation of the change and of the way life will be after the change. Inner incongruence – there is a part that objects to the change.
Knowing how to make the change.	Not knowing what is needed to make the change.
Allowing myself the opportunity, space and resources to make the change.	Depriving myself of the opportunity, space and resources to make the change.

Narratives of Illness, Health and Inner Journeys

When a crisis appears in our lives it interrupts the sequence of our life events as we understand, experience and expect them to be. This interruption does not stop our lives, it puts us in a **Liminal Space** where we remain until we are ready to cope, adjust and grow from the changes brought to our life by the crisis.

This is true for a medical crisis as well.

Oxford Dictionaries: **Liminal** - origin late 19th century: from Latin *limen, limin-* 'threshold' +/- *al*.

Every time we experience a change or transition in our lives we cross a threshold.

Every time we learn something new, we cross a threshold.

Every time we choose, we cross a threshold.

These thresholds of waiting and not knowing what "comes next" are everywhere in life and they are inevitable. Each transition over a threshold will interrupt and disorient our lives for a while, regardless of our awareness during the transition.

A liminal space is a transitional phase between two well-defined states or periods. We have stepped out of one period/state and have yet to enter or begin another period/state. The old period/state has ended and the new period/state hasn't begun.

We are in between and in neither of the two.

...a unique spiritual position where human beings hate to be but where the biblical God is always leading them. It is when you have left the tried and true, but have not yet been able to replace it with anything else. It is when you are finally out of the way. It is when you are between your old comfort zone and any possible new answer.

If you are not trained in how to hold anxiety, how to live with ambiguity, how to entrust and wait, you will run...anything to flee this terrible cloud of unknowing.

- Richard Rohr (a Franciscan friar ordained to the priesthood in the Roman Catholic Church and an internationally known inspirational speaker).

A Liminal Space has the following characteristics:

1. Separation from group of peers.
2. Change in social status and position in social hierarchy.
3. Changes in self-identity and therefore a sense of disorientation and lack of clarity.
4. Waiting...wondering "now what?"
5. A place of transition.

During our presence in this **Liminal Space** a new social structure of a **Communitas** is formed between all the individuals in this space.

***Communitas** is a Latin noun commonly referring either to an unstructured community in which people are equal, or to the very spirit of community. It also has special significance as a loanword in cultural anthropology and the social sciences. Victor Turner, who defined the anthropological usage of communitas, was interested in the interplay between what he called social 'structure' and 'antistructure'; Liminality and Communitas are both components of antistructure.*

Communitas is an intense community spirit that often refers to the feeling of great social equality, solidarity, and togetherness. Communitas is characteristic of people experiencing liminality together. This term is used to distinguish the modality of social relationship from an area of common living.

From Wikipedia, the free encyclopedia

Examples of Liminal Spaces:

1. **University graduation ceremony.**

The soon to be graduates are separated physically from the rest of the crowd (and at some universities even wear different garments). Throughout the ceremony they are neither students nor are they graduates - they are in a liminal space. Once they are called to receive the diploma and are declared as graduates in front of the crowd then they cross a threshold into the status of a university graduate and step out of the liminal space.

2. **Engagement.**

The lovers are not free to pursue other mates or engage romantically with others nor are they officially married to one another.

3. Cultural rites of passage into adulthood.

The young boys and girls (in some cultures they are separated according to gender) are separated physically from the rest of the community for a period of time. They are no longer children so they do not enjoy the privileges of childhood nor are they adults yet and so they do not enjoy the privileges of adulthood. Their initiation into adulthood will be the rite of passage – the crossing of the threshold into the status of community adults.

4. Hospitalisation.

The patient physically leaves his/her place of residence in the community and goes to live and receive treatment with other sick people. The patient is given new garments that define his/her new status and has to give up all previous social status symbols until he/she is declared "healthy" and can go back to society.

From an anthropological perspective an illness/medical crisis is a Liminal Space. The 'healthy' life has ended and there needs to be a rite of passage so that the person can cross the threshold into a new life with the aftermath of the illness/medical crisis.

When we offer our client the perspective that an illness can be seen as an inner journey our client can use the liminality of the illness to heal whatever else (other than the body) needs healing, rebalance the emotions, mourn what has been lost, make room for what is being born and create a rite of passage to cross the threshold out of the liminal space.

Using myths and stories is a powerful way to connect our client to the "being" of an inner journey perspective.

Myths

Myths are cultural stories that form the cultural identity of a group. They are created within a cultural context and they are part of the cultural building blocks.

The purpose of myths is to design the collective memory and give meaning to daily, inordinate and fantastic/bizarre events.

The myths' strength lays in their ability to emotionally correspond with the human experience in all of its levels and complexity.

The Power of Myths and Stories – working with the client's narrative

We understand the human experience of who we are in this world through stories.

In many ways – we are our stories.

Every day is a line, a paragraph or a chapter in the story of our lives.

When an illness/medical crisis appears in our lives, it changes the course of our story and some say it integrates itself into the story and becomes an inseparable part of it.

When we shift from our personal story to a wider myth we can give our lives and our illness/crisis a broader and deeper meaning.

Through stories, a person with an illness can become a healer as well as going through a healing journey of his/her own. People learn about themselves by hearing themselves telling the stories of what had happened to them, seeing how their stories resonate with listeners and experiencing the way their stories are being retold and shared.

The stories told by people with illnesses are not stories of an illness, they are stories of the human experience told through an illness, through a wounded body.

For seriously ill people, becoming a storyteller is a way of recovering the voices that have been taken or silenced by the illness, its treatments and medical jargon.

These people experience themselves as wounded storytellers trying to survive and help others by making sense and giving meaning to a reality that has become hostile, violent and senseless.

In modern society there is one story/narrative that is acceptable medically, legally and socially – it is the story told by the medical physician and written in the medical records. This narrative has become the voice against which all other narratives are judged true or false, useful or not.

The strive of the wounded storyteller to be heard in his/her own primary importance and not just as one of many alternative narrative is the strive to be emancipated from totality of the medical clinical story. This emancipation is the corner stone of every healing journey and every medical coaching journey.

What Happens to our Story when an Illness enters our Lives?

There are three common denominators to every life story that has been interrupted by an illness/crisis:

1. Loss of control.
2. Invasion – in the case of a chronic illness there is an experience of constant invasions (or interruptions) into the intimate space of our lives.
3. The body becomes something that is different from whom we feel we are. This has an impact on the way we experience and relate to ourselves.

Every illness has one clinical story.

Every person has infinite narrative possibilities to tell the story of his/her illness.

Myths and stories inspire us to tell our own story in a way that can empower us as well as empower and inspire others.

Invisible Illnesses

An **Invisible Illness** is a chronic condition that is not easily observed and has no obvious physical symptoms to observers.

These are illnesses can be debilitating, and prevent a person from performing traditional everyday activities. People with an invisible illness often struggle to explain their condition to others and often feel judged or simply feel others do not understand what they are going through as they can look healthy and strong but actually feel sick or in pain.

Medical History and Personal Stories

Medical histories are constructed from the outside. They include medical documents, diagnosis, prognosis, test results, pathophysiology, the course of the disease and the potential for the various uses of treatments options and possible outcomes. They use a standard professional terminology.

These histories address the '**WHAT**' and ignore the '**WHO**'.

Medical histories can dehumanise patients by addressing them as presentations of their medical files and not people, e.g. Miriam Green becomes the diabetic in bed 4A.

When this happens we are in danger of losing sight of who she is; we only define Miriam Green by what she is.

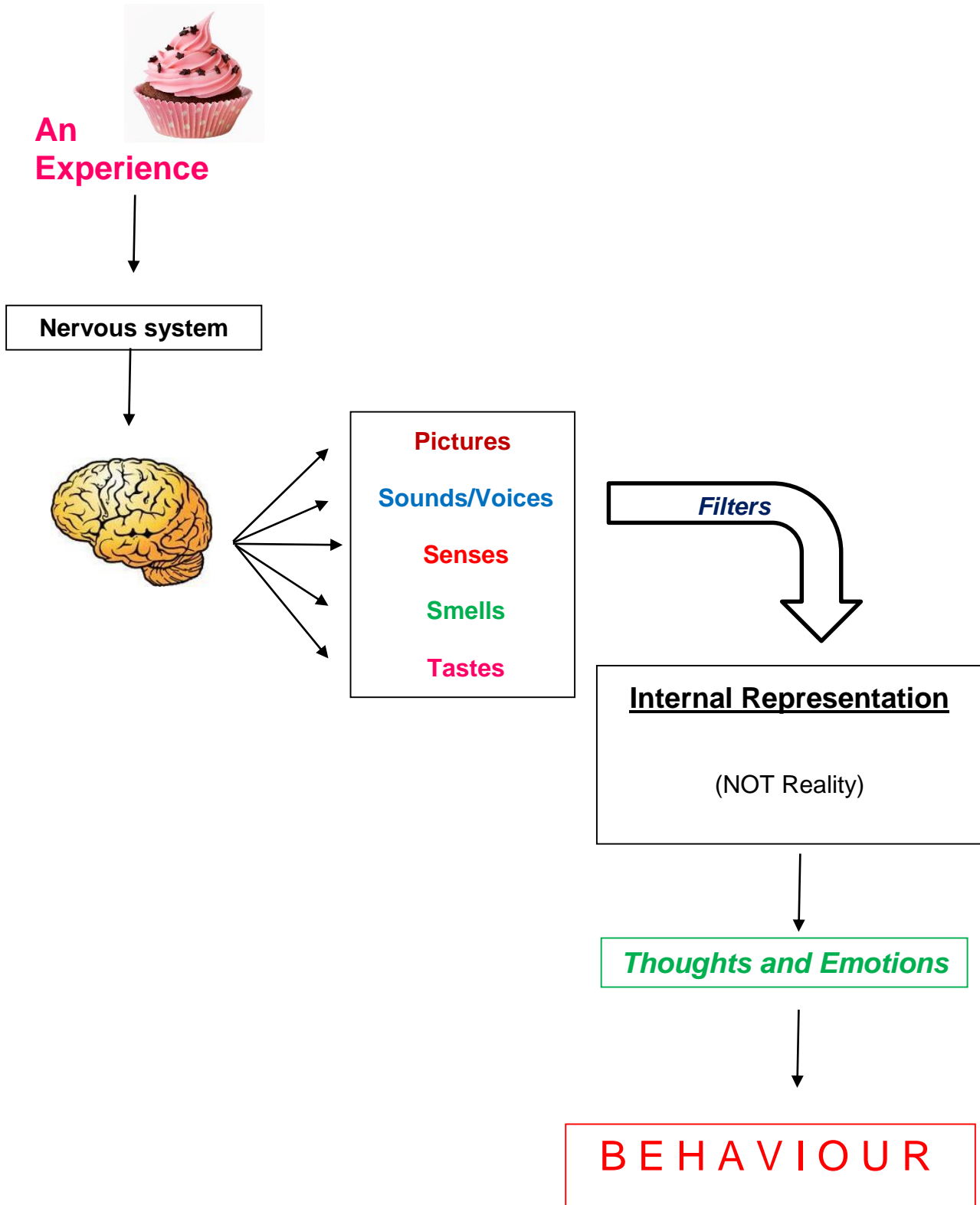
The bigger the distance a person experiences between who he/she is in the medical records and who he/she experiences him/herself - the more anxiety, depression, failure and shame that person is likely to feel regarding the illness and/or the healing.

Western Medicine, which is an evidence based medicine, tells the story of the medical and physiological evidence and excludes other voices that tell other stories such as: the story of what this illness really means for this person, the story of how the illness has impacted this person's life, the story of how this person sees his future, etc.

In the absence of these voices the medical system risks losing its personal touch or even its human touch.

- Since the 1980's a new approach of medicine has been developing called: Narrative Based Medicine. NBM, a patient-centered approach, addresses the patient as a subject and not an object by taking into account the specific psychological and personal history of the patient in addition to the medical and pathological evidence. For further information check out articles by *Dr. Rita Charon* and take a look at the on-line Journal of Narrative Medicine - <http://www.theintima.org>
- Nowadays we can find narrative articles by patients and doctors in leading medical publications such as JAMA and the NEJM.

The Neurological aspect of behavior –



We are exposed to 2 million bits of information per second via our senses.

In order to be able to process this information our brain channels it through two types of Filters:

Controlled Filters

- Time/Space/Matter/Energy
- Language
- Memories
- Decisions
- META Programs
- Values and Beliefs
- Attitudes

Automatic Filters

- Delete – deleting irrelevant information
- Distort – distorting and changing sensory information regarding an experience
- Generalize – generalizing from one event/experience to a general perception of reality

The information processed through the filters creates a subjective internal representation of the experience/event – that is our cognitive map/internal mental map – the way we see the world.

Prime Directives of the Unconscious Mind:

1. Stores memories (Temporal - in relationship to time and A-temporal - above time).
2. Organises all our memories.
3. Represses memories with unresolved "negative" emotion.
4. Presents repressed memories for resolution (to rationalise and release emotions).
5. May keep repressed emotion repressed for protection.
6. Runs the body (and has the blueprint of perfect health).
7. Preserves the body (maintains the integrity of the body).
8. Holds our high morals (the morality we were taught and accepted).
9. Enjoys serving and needs clear orders to follow.
10. Controls and maintains all perceptions (receives and transmits perceptions to the conscious mind).
11. Generates, stores, distributes and transmits "energy".
12. Maintains instincts and generates habits.
13. Needs repetition until a habit is installed.
14. Is programmed to continually seek more and more (there is always more to discover).
15. Functions best as a whole integrated unit (does not need part to function).
16. Is symbolic (uses and responds to symbols).
17. Takes everything personally (Perception is Projection).
18. Works on the principle of least effort (path of least resistance).
19. Does not process negatives.

Representational Systems

We experience the world around us using our five primary sensory modalities:

Visual (V)

Auditory (A)

Kinesthetic (K)

Gustatory (G)

Olfactory (O).

We use these to code, store and give meaning to experiences and language (verbal and non-verbal).

Usually we tend to use and work with three representational systems: visual, auditory and kinesthetic (gustatory and olfactory and are often included with kinesthetic).

Of course, we use all of our senses all of the time but depending on the circumstances and preference we tend to focus on one or more representational systems to become more efficient and get better results.

The following are generalisations on the characteristics of people with a preference for visual, auditory or kinesthetic.

Like with all generalisations, there are always exceptions.

Visual People, will often stand or sit with their heads and/or bodies erect and eyes up. They breathe from the top of their lungs. They often sit forward in their chair and tend to be organised, neat, well-groomed and orderly. They memorise by seeing pictures and visualising. They are more distracted by visual activity and less by noise. They often have trouble remembering verbal instructions because their minds tend to wander. Visual people tend to speak faster than the general population, they want to see the big picture or be shown concepts, ideas or how something is done.

A visual person will be interested in how your program **LOOKS**. Appearances are important.

Auditory People, will often move their eyes sideways. They will breathe from the middle of their chest. They typically talk to themselves and are easily distracted by noise. They can easily repeat back things they have heard or have been told. Auditory people learn by listening and asking questions. They memorise by steps, procedures and sequences. They tend to enjoy discussions and prefer to communicate through spoken language rather than the written word. Auditory people need to be heard and are easily distracted by noise.

An auditory person likes to be **TOLD** how they are doing and respond to a certain tone of voice or set of words. They are interested in what you have to **SAY** about your program.

Kinesthetic People, typically breathe from the bottom of their lungs, so their stomach goes in and out as they breathe. They often move and talk very slowly. They are more sensitive to their bodies and their feelings and respond to physical rewards and touching. They learn and memorise by doing, touching or walking through something. Kinesthetic people tend to dress and groom themselves more for comfort than how they look. A kinesthetic person tends to decide based on feelings and stands closer to other people than a visual person tends to.

Kinesthetic people are interested in your program if it "**FEELS** right".

Auditory Digital (AD) People, are devoid of the senses and have a need to make sense of the world, to figure things out, to understand. They spend a fair amount of time talking to themselves or carrying conversations with you in their mind. They learn by working things out in their mind and memorise by steps, procedures, sequences. They tend not to be spontaneous and need to have logic, facts and figures play a key role in their decision making process.

The auditory digital person can exhibit characteristics of the other major representational system.

The Representational System vocabulary

Visual	Auditory	Kinesthetic	Audio Digital/ Unspecified
See	Listen	Feel	Sense
Look	Sound(s)	Touch	Experience
View	Make music	Grasp	Understand
Appear	Harmonize	Get hold of	Think
Show	Tune in/out	Slip through	Learn
Dawn	Be all ears	Catch on	Process
Reveal	Rings a bell	Tap into	Decide
Envision	Silence	Make contact	Motivate
Illuminate	Be heard	Throw out	Consider
Imagine	Resonate	Turn around	Change
Clear	Deaf	Hard	Perceptive
Foggy	Dissonance	Unfeeling	Insensitive
Focused	Question	Concrete	Distinct
Hazy	Unhearing	Scrape	Conceive
Crystal	Stereo	Get a handle	Know
Picture	Buzz	Solid	

List of predicate phrases:

Visual (V)	Auditory (A)	Kinesthetic (K)
<p>An eyeful Appears to me Beyond a shadow of a doubt Bird's eye view Catch a glimpse of Clear cut Dim view Flashed on Get a perspective on Hazy idea Horse of a different color In light of In person In view of Looks like Make a scene Mental image/picture Mind's eye Naked eye Paint a picture See to it Short sighted Showing off Sight for sore eyes Staring off into space Take a peek Tunnel vision Under your nose Up front Well defined</p>	<p>Blabbermouth Clear as a bell Clearly expressed Call on Describe in detail Earful Give an account of Give me your ear Grant an audience Heard voices Hidden message Idle talk Inquire into Keynote speaker Loud and clear Manner of speaking Pay attention to Power of speech Purrs like a kitten State your purpose Tattle-Tale To tell the truth Tongue-tied Tuned in/Tuned out Unheard of Utterly Voiced an opinion Well informed Within hearing Word for word</p>	<p>All washed up Boils down to Chip of the old block Come to grips with Control yourself Cool/Calm/Collected Firm foundations Get a handle on Get a load of Get your goat Hand in hand Hang in there Heated argument Hold it! Hold on! Hothead Keep your shirt on Know-how Lay cards on table Pain in the neck Pull some strings Sharp as a tack Slipped my mind Smooth operator So-so Start from scratch Stiff upper lip Stuffed shirt Too much of a hassle Topsy-turvy</p>
<p>If I could SHOW you an ATTRACTIVE way in which you could (potential benefit or values), you would at least want to LOOK at it, wouldn't you?</p> <p>If this LOOKS GOOD to you we will go ahead and FOCUS on getting the paperwork in.</p>	<p>If I could TELL you a way in which you could (potential benefit or values), you would at least want to HEAR it, wouldn't you?</p> <p>If this SOUNDS GOOD, to you we will go ahead and DISCUSS how to set up an account.</p>	<p>If I could GET A HOLD OF a CONCRETE way in which you could (potential benefit or values), you would at least want to GET A FEEL FOR IT, wouldn't you?</p> <p>If this FEELS GOOD, to you we will go ahead and set up an account by HANDLING THE PAPERWORK.</p>

Medical Coaching Skills

Submodalities

Submodalities are how we encode and give meaning to our Internal Representations. The Submodalities comprise the sensory modalities (The Representational System): Visual (V), Auditory (A), Kinesthetic (K), Gustatory (G) and Olfactory (O).

Changing the Submodalities can change the meaning of an Internal Representation.

Working with Submodalities

When working with submodalities it is important to use the submodalities checklist. This adds to precision and accuracy.

As you elicit a client's submodalities it is crucial that you work fast!

You must elicit the submodalities faster than the conscious mind can keep up.

If you are too slow, your client is likely to get bored and begin analysing what is going on.

Changing LIKE to DISLIKE

1. "Think of something that you like but wish you did not. What is it?
As you think about it, do you have a picture in your mind?"
2. Elicit the submodalities using the worksheet and write them in column #1.
3. "Think of something which is similar, but which you absolutely dislike. What is it?
As you think about it, do you have a picture in your mind?"
4. Elicit the submodalities using the worksheet and write them in column #2.
5. Look for the differences (Contrastive Analysis). Change the submodalities of #1 into the submodalities of #2 (*Note: We are only changing the sub-modalities of the first picture, not the content itself. The second picture is no longer needed. It was only needed for reference purposes*).
6. "Picture the way a Master Lock closes. Good, now lock it in place, just like that."
7. Break State.
8. Test: "think about that old issue. Now, what comes up? How is it different now?"

The submodalities checklist:

Note: The submodalities beneath the hard line in each modality are rarely used.

Visual	1	2	3	4
B/W or Color				
Near or Far				
Bright or Dim				
Location				
Size of Picture				
Associated?				
Focused?				
Focus Changing?				
Framed or Panoramic				
Movie or Still				
Movie Speed				
Contrast				
3D or 2D				
Viewing Angle				
Num. of Pictures				
Auditory	What sounds are important?			
Location				
Direction				
Internal/External				
Volume				
Speed				
Pitch				
Tonality				
Timbre				
Pauses				
Cadence				
Duration				
Uniqueness				
Kinesthetic	What feelings are important?			
Location				
Size				
Shape				
Intensity				
Steadiness				
Movement				
Duration				
Vibration				
Pressure/Heat				
Weight				

<i>Visual</i>	1	2	3	4
B/W or Color				
Near or Far				
Bright or Dim				
Location				
Size of Picture				
Associated?				
Focused?				
Focus Changing?				
Framed or Panoramic				
Movie or Still				
Movie Speed				
Contrast				
3D or 2D				
Viewing Angle				
Num. of Pictures				
<i>Auditory</i>	<i>What sounds are important?</i>			
Location				
Direction				
Internal/External				
Volume				
Speed				
Pitch				
Tonality				
Timbre				
Pauses				
Cadence				
Duration				
Uniqueness				
<i>Kinesthetic</i>	<i>What feelings are important?</i>			
Location				
Size				
Shape				
Intensity				
Steadiness				
Movement				
Duration				
Vibration				
Pressure/Heat				
Weight				

META - Programs

Meta programs are the neurological programs, which guide and direct other processes (hence the "Meta") by inputting, sorting and filtering preferences. They guide and direct our thought process and determine how we motivate ourselves, make decisions, buy things, what we are interested in, how we manage time, our effectiveness with tasks and how we solve problems.

A person may have different Meta Programs operating simultaneously on different neurological levels.

It's important to remember that our Meta programs are strategies we use and not who we are.

The "Key" Meta Programs used in Medical Coaching:

1. **Toward vs Away-From**
(Best-Case vs Worst-Case Scenario Thinking)
Attention is directed either toward what they want or away from what they don't want.
2. **Possibility vs Necessity**
Attention is directed either to what is possible (expanding options, experiences, choices, paths) or to what is needed/available.
3. **Big Chunk vs Little Chunk**
Attention is directed either to the big picture or to details.
4. **Self-Reference vs Other Reference**
Attention references either oneself or another.
Self-Reference - the selection of evidence and criteria based on reference to one's own map(s) of the world.
Other Reference - the selection of evidence and criteria based on reference to other's own map(s) of the world.
(Don't confuse descriptors like "introverted" or "extroverted" with this META-Program).
5. **Match vs Mismatch**
Attention is focused on what is the same or what is different.

Whether a person notices commonality, likeness and similarities or differences, dislikes and contrasts.

Calibration

The ability to identify different “internal states” by looking at the external cues and reading non-verbal signals.

How do you do it?

Easy, you pay attention to another persons':

- Tone and volume of voice.
- Posture (including angle of head).
- Facial color.
- Eye accessing cues and pupil dilation.
- Muscle tension in the face and forehead.
- Movement and balance on the floor or chair.
- Breathing pattern.

Important note:

Avoid attaching "meanings" to these signals.

Calibration is about finding out what each signal or set of signals mean to each unique person.

Rapport

A close and harmonious relationship in which the people or groups concerned understand each other's feelings or ideas and communicate well. (Oxford Dictionaries)

Many people describe rapport as *being in sync* or *being on the same wavelength* with someone.

Rapport is the ability to relate to others and interact in a way that creates trust and understanding. It is the ability to see and understand the other's point of view/model of the world/inner representation, regardless of whether or not you like or agree with them.

The good news is – we can establish Rapport with ANYONE, ANYTIME we choose.

The Theory:

- A. Communication is:
 - 7% words
 - 38% Tonality
 - 55% Physiology
- B. When people are like each other, they like each other. Rapport is a process of responsiveness, not necessary "liking".

The Process:

- A. Subtly Matching & Mirroring non-verbal communication/ body language.
- B. Developing a genuine interest in the other person and in their model of the world.

There are 4 levels of non-verbal communication/body language where we Match & Mirror to establish Rapport:

1. Physiology:
 - Posture
 - Facial Expressions
 - Blink rate/pattern
 - Lip biting
 - Smiling/frowning
 - Touching face or lips
 - Eyebrow movement
 - Body lean
 - Head position
2. Breathing rate/patterns/shifts
3. Tone and volume of voice
 - Audio tonal changes during answer
 - Time for processing answers
 - Pace, speed and tempo
4. Vocabulary
 - Representational system vocabulary
 - Metaphors
 - Language or jargon

Rapport and the Heart Energy

An additional aspect of creating Rapport is creating a Match & Mirror using the heart's energy.

This is Rapport on an energetic and emotional level.

This approach is based on the field of HeartMath.

Heart Math (quoted from the Heart Math web site – www.heartmath.com)

"A key area of focus of Institute of Heart Math Research Center is exploring our emotions and how they affect our physiology, with an emphasis on the physiological effects of positive emotions."

"Heart–Brain Interactions: The heart and brain maintain a continuous two-way dialogue, each influencing the other's functioning. The signals the heart sends to the brain can influence perception, emotional processing and higher cognitive functions. This system and circuitry is viewed by neuro-cardiology researchers as a "heart brain."

"The heart produces by far the body's most powerful rhythmic electromagnetic field, which can be detected several feet away by sensitive instruments. Research shows our heart's field changes distinctly as we experience different emotions. It is registered in people's brains around us and apparently is capable of affecting cells, water and DNA studied in vitro. Growing evidence also suggests energetic interactions involving the heart may underlie intuition and important aspects of human consciousness."

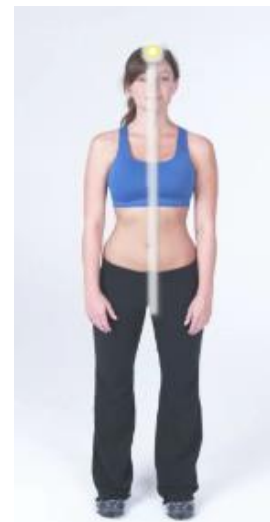
Creating Energetic Rapport (from the work of Charles Matthew)

1. **The Inner Light Column**

Imagine a column of energy in your body going up your spine through each of the major 7 chakra points and is positioned 1cm or 1/2 inch in from of the spine.

Connect to it.

Imagine a column of energy in your client's body. Notice if you can see it, hear it, feel it or sense it.



2. **Creating Rapport**

See a cord go from behind your heart, connected to your Inner Light Column and connect up with the client's Inner Light Column.

You might feel an energy shift as you do this, and so will they.



3. **Breaking Rapport**

Just as it is important to build rapport it is equally important to break rapport.

Cut the cord from behind your heart.

This breaks rapport simply and elegantly.

A few important notes on Rapport

1. Make sure you are subtly Matching & Mirroring, or else your client might feel he/she is being mocked.
2. Rapport is a 2 way street. Avoid creating deep rapport with someone who's emotions you do not feel comfortable with or cannot contain.
3. Make sure you come to the session emotionally balanced and can self manage before you establish rapport. Your client has enough on his/her plate...

Association & Disassociation

Association – you feel that you are part of the experience or the experience is felt to be part of you. You see through your own eyes, hear with your own ears, and feel with your body or on your skin. During the experience you are connected to your emotions, values, and beliefs.

Disassociation - you feel you are watching, listening to or observing the event from the outside. During the experience you are disconnected from your emotions, values, and beliefs.

The ability to move from an associative state to a dis-associative state and vice versa enables the following:

1. Connecting/reconnecting to positive memories and resources.
2. Disconnecting from negative emotions or memories.
3. Dissolving feelings attached to unwanted thoughts.
4. Dissolving emotional triggers.
5. Readjusting levels of emotional intensity.

Our physiology plays a part in recognizing whether our client is in an associative or dissociative state and in helping the client shift from one to the other.

Important Tip:

- To emotionally connect a person to an experience (Association) – we use language.
- To emotionally disconnect a person from an experience (Disassociation) – we use language + physiology.

Reframing

In order to give something meaning we need to identify the context or the setting – we need to frame it.

The meaning we give things depends on our point of view/perspective/internal representation. at the time we framed them.

To reframe something is to change its meaning by putting it in a different context or setting.

Changing the frame – reframing, helps us change/balance our emotions regarding something, chose a different perspective, connect to new resources and move between associative and dissociative states of mind.

Empathy

Empathy is the ability to accept a person without the need to accept the behavior.

<u>Empathy</u>	<u>Sympathy (Identification)</u>
Empathy is asymmetrical.	Sympathy is to be symmetrically with another in his/her subjective experience.
I see and understand the situation as it reflects in another person's reaction.	I am experiencing what the other experiences, with him/her in the same way.
I can understand another person's subjective experience while staying emotionally separate from it.	The other's experience becomes mine and I am focused on my emotions and myself.

Empathetic Listening – listening with an open mind, without defense, objection or identification.

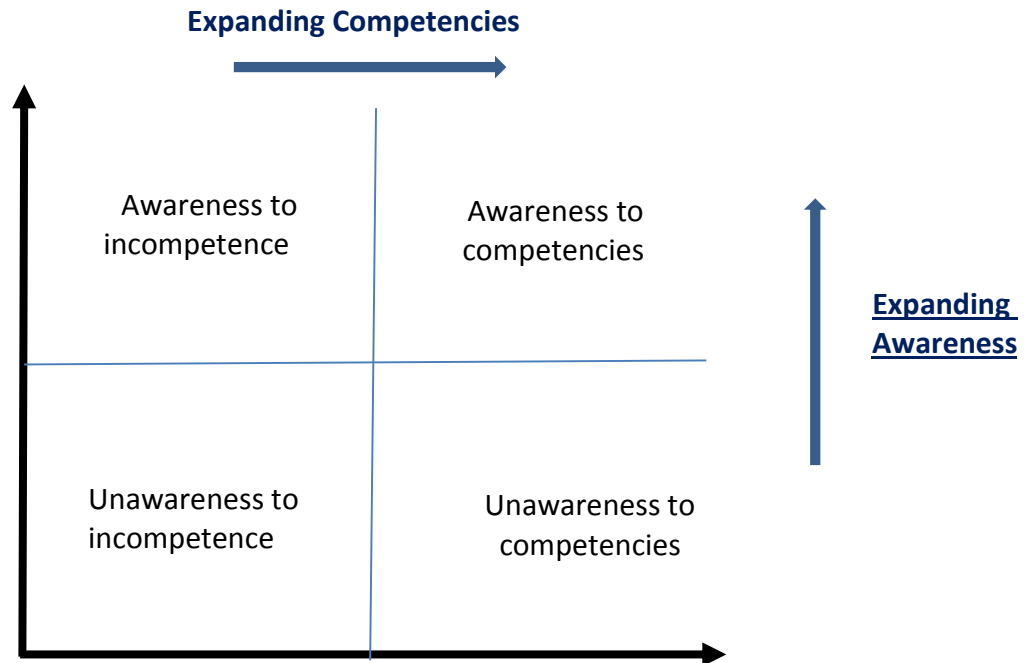
Curiosity

Being curious about the client's "picture of the world" and not the "juicy details".

- What is possible for you?
- What else?
- What's stopping?
- What hasn't been said?
- What is the big vision here?

Coaching curiosity requires a lot of self-management and constant reflection on the part of the coach.

Raising Awareness



KEYS TO AN ACHIEVABLE OUTCOME/GOAL

In order to achieve change one has to define a goal (an outcome).

We begin with the most basic question – **How is it that I don't have what I want now?**

As we define our goal we want to avoid self-limiting, critical thoughts, which might evoke feelings of rejection/fear/desperation/etc.

There are nine principles to make the goal achievable - create an inner map of the achieved goal:

1. **State the goal in the positive.**
What specifically do you want?
2. **Specify present situation.**
Where are you now? (Associated)
3. **Specify outcome.**
 - What will you see, hear, feel etc when you achieve your goal?
 - As if now.
 - Make it compelling.
 - Insert in future. Be sure future picture is dissociated.
4. **Specify evidence procedure.**
How will you know when you have it?
5. **Is it congruently desirable?**
What will this outcome get for you or allow you to do?
6. **Is it self-initiated or self-maintained?**
Is it only for you?
7. **Is it appropriately contextualised?**
Where, when, how, and with whom do you want it?
8. **What resources are needed?**
 - What do you have now, and what do you need to get your outcome?
 - Have you ever had or done this before?
 - Do you know anyone who has?
9. **Is it ecological?**
 - For what purpose do you want this?
 - What will you gain or lose if you have it?
 - What will happen if you get it?
 - What won't happen if you get it?
 - What will happen if you don't get it?
 - What won't happen if you don't get it?
10. **Is there more than one way to get the outcome?**
11. **Will this increase choice?**

Medical Coaching Tools

1. Working with Goals

Setting Goals the S.M.A.R.T way

Specific

Measurable

Attainable & **A**ccountable

Responsible & **R**esonant

Timely

Specific

Defining a specific goal increases our chances to achieve it. To create a specific goal we need to ask 4 questions:

- What – what exactly is my goal?
- Why - why do I want to achieve this goal?
- Who – who else is involved?
- Where – where will this change take place?

Measurable

Define a scale by which you measure your progress towards achieving your goal.

In order to do so, ask the following:

- How will I know I have achieved my goal? (What will I see, feel, sense, think?)

Attainable

Does our client truly believe he/she is able and deserves to achieve this goal?

Is there any internal resistance to achieving the goal?

Accountable

How does the client choose to be accountable to the process?

To create accountability, ask the following:

- How would you like me to work with you?
- How do you sabotage yourself?
- How do you want me to motivate you?
- What can I trust when things become difficult for you?
- How do you want me to be with you when you feel like giving up?

Responsible

A responsible goal is an ecological goal - taking into account its surroundings and the system it exists in.

Therefore it is crucial to explore if there is anybody who might be harmed by this.

To check responsibility and ecology, ask the following:

- Who might suffer damage from you achieving this goal?
- What might be damaged from you achieving your goal?
- What will change once the goal is achieved and is there any harm in it?

Resonant

Goals that resonate with what we love, believe and hold dear, bring us closer to our life's vision.

To find out if the goal resonates with the client use the following questions:

- Does this goal respect your values?
- Which values will be realised by achieving this goal?
- Who will you become once you have achieved this goal?
- What do you feel when you think of achieving this goal?

Timely

Every goal needs a specific time frame.

Sometime, tomorrow, later, in the near future, next month - are not specific time frames.

Once you have set a date in your calendar, the goal's time frame is programmed into your subconscious and the process begins.

Setting a Goal using the 'Six Logical Levels of Change'

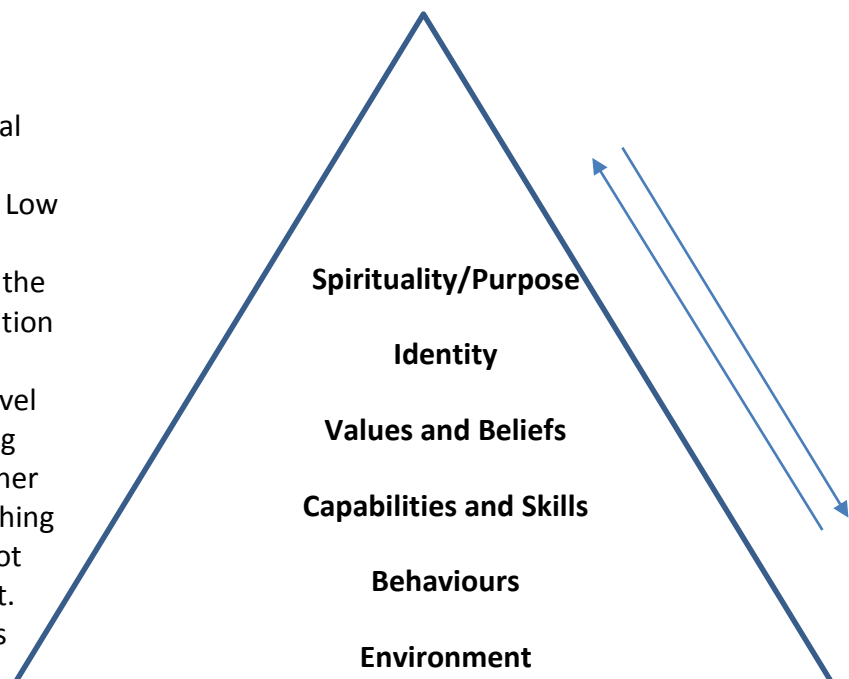
The 'Six Logical Levels' model is a good tool to set a goal and/or design an action plan for change.

The 'Six Logical Levels' draw a road map of the process - a process that has a beginning, a middle, and an outcome.

The model presents six logical levels that are arranged in an organised hierarchy :

1. **Environment**: *Where is the change going to take place?*
2. **Behaviours**: *In which behaviours will this change manifest?*
3. **Capabilities and Skills**: *How do I make this change? What do I need that I do not have yet, to make this change?*
4. **Values and Beliefs**: *What is my value and belief system regarding this change?*
5. **Identity**: *Who do I become in this world as I make this change? I live?*
6. **Spirituality/Purpose**: *For the sake of what am I making this change? What is the bigger picture/the bigger game?*

The 'Six Logical Levels' is a hierarchal model.
We can move in the hierarchy from Low to High or from High to Low.
The function of each logical level in the hierarchy is to organize the information below it.
Changing something on an upper level would necessarily change everything below it in order to support the higher level change, while changing something on a lower level could, but would not necessarily affect the levels above it.
The principle is that every level runs everything underneath it.



More ways to work with Logical Levels

1. Creating strategies and action plans by moving up the Logical Levels' hierarchy.
2. Checking for incongruence by associating our client at each level.
3. Creating motivation by working with the geography of the model.
4. Reflecting on a process or event.
5. Creating a model from a successful process or behaviour.

2. Working with Resources

⚓ Anchoring

Anchoring is the process of creating a link between an external trigger and an internal response.

In other words: establishing an association between an external cue/stimulus and an internal experience/state

...Or in other words: conditioning (just like Pavlov and his dogs...)

THEORY:

- A. When a person experiences a specific stimulus while being in an intense emotional state, the two will be linked neurologically.
- B. Anchoring can assist us in gaining access to past states and link the past state to the present and the future.

PROCESS:

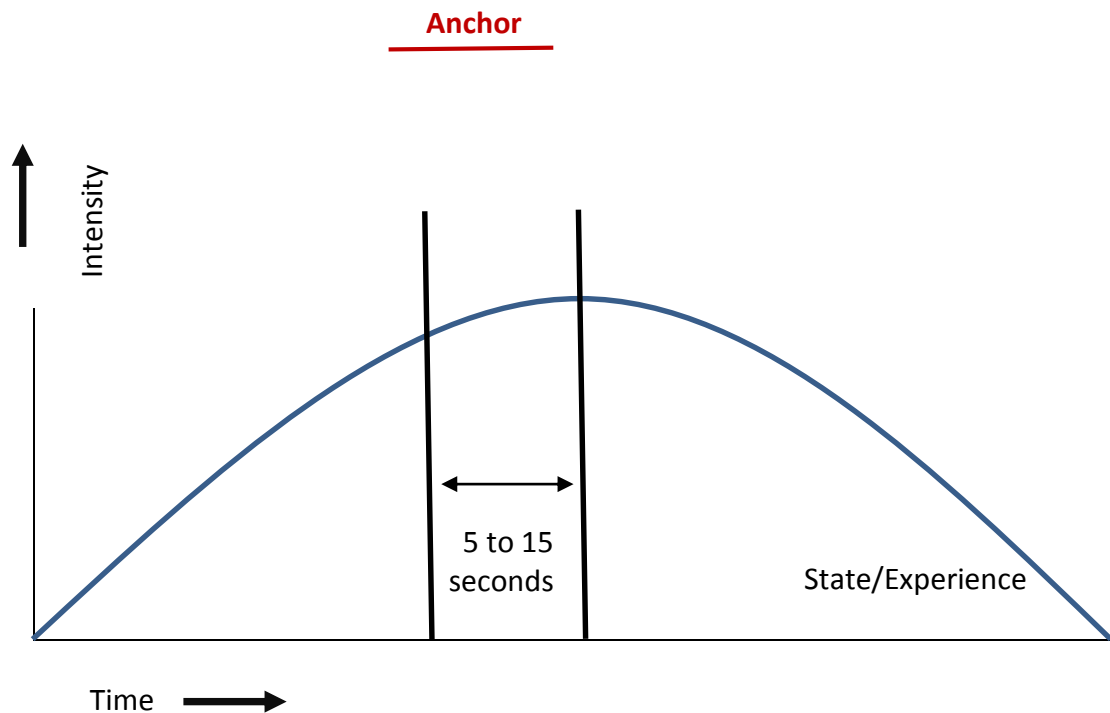
The 4 steps to Anchoring:

1. Have the person recall a vivid past experience.
2. Provide a specific stimulus at the peak (see chart below).
3. Change the person's state.
4. Set off the Anchor to test.

The 5 keys to good Anchoring:

- a. The intensity and integrity of the experience.
- b. The timing of the Anchor.
- c. The uniqueness of the Anchor.
- d. The replication of the stimulus.
- e. The number of repetitions (stacking).

APPLICATION OF AN ANCHOR:



Anchoring a Goal in the Client's Future

1. Set a SMART goal.
2. Elicit a Timeline on the floor with your client.
3. Ask the client to step on the Timeline in the PRESENT, facing the FUTURE.
4. Ask your client to identify the point, on the Timeline, where the goal has been achieved.
5. Ask the client to step off the Timeline and step on it again at the point, in the future, where the goal is achieved.
6. Associate the client to the experience of the achieved goal using submodalities.
7. Ask your client to turn around, towards the present and see his/her "Present Self".
8. Ask your client to give his/her "Present Self" an important insight or advice from a place of META-View wisdom.
9. Ask your client to step off the Timeline, return to the present and step back on, facing the future.
10. Ask the client to take in the insight or advice received from his/her "Future Self". Be curious about the client's experience.
11. Ask your client what is the next step that is going to be taken NOW, to achieve the Goal.

Tips for working with a timeline

1. Maintain the psycho-geographic space of the timeline.
2. Keep the directions clear.
3. Use room geography.
4. Check ecology.

Collapsing Anchors:

1. **Choose the desired emotion/resource.**
Ask the client to identify a situation that elicits an unwanted feeling and then ask the client to select a feeling he/she would prefer to experience in this particular situation.
2. **Recall a vivid past experience.**
Ask your client to remember a time when he/she had that feeling.
Ask your client to choose a strong example.
3. **Create an intense association to the experience.**
Ask your client to close his/her eyes and remember that feeling in vivid detail.
Put your client back in the experience and enhance the desired feeling/resource by creating an intense association.
4. **Anchor the emotion/resource.**
Calibrate! feeling is at its most intense – anchor it (create a physical cue).
Hold for 5-15 seconds and release the 'anchor'.
5. **Break State**
6. **Repeat steps 3-4 two more times**
7. **Test the anchor - 1**
Fire off the anchor and check if the feeling comes back.
8. **Break State**
9. **Test the Anchor – 2**
Ask the client to think of the original situation, and then fire off the anchor.
10. **Test the Anchor – 3**
Ask the client to think of another current situation, similar to the original one (that elicits the same unwanted feeling), then fire off the anchor.
11. **Test the Anchor – 4**
Ask the client to think of a future situation, similar to the original one, and then fire off the anchor.
12. **Future pace...**
Encourage the client to do this in the real world as soon as possible.

Circle of Excellence

The 'Circle of Excellence' is a great tool to elicit and anchor desired resources.

1. Identify the desired resource.
2. Draw, with the client, an imaginary circle on the floor (large enough to step into) that contains the resource.
3. Ask the client for the submodalities of resource inside the circle.
4. Ask the client to step into the circle and create an associative state of connection to the resource, using the sub modalities. Calibrate.
5. Ask the client to step out of the circle and BREAK STATE.
6. Ask the client to step into the circle for the second time, associate the client with the resourceful state. Calibrate.
7. Ask the client to step out of the circle and BREAK STATE.
8. Ask the client to step into the circle for the third time and notice how quickly he/she can re-access the resourceful state.
9. Ask the client to step out of the circle and BREAK STATE.
10. Ask the client to remember a time when this resource was needed.
11. Ask the client to step into the circle (taking the memory into the circle) and connect to the resourceful state.
12. Ask the client to step out of the circle and BREAK STATE.
13. Ask your client: 'what is different now? What becomes possible regarding similar situations?' (If there is resistance go back to 1 and update the resource).
14. Create an internal anchor of the resource with the client.
Tell the client: 'Now that you know how powerful and effective this resource is, gather all of it from the circle into the palm of your hand and let it become a symbol.
Ask the client: 'where in your body would you like to keep this resource?'
Ask the client to place that resource in the body.
Practice with the client placing that resource in the body, taking it out, spreading it on the floor, gathering it in the palm of the hand and putting it back in the body.
15. Test
Ask the client to think of a future situation where the resource will be needed.
Connect the client to that situation.
Ask the client to take out the symbol, spread it on the floor, step into the circle and connect to the resourceful state.
16. Ask the client: 'what becomes possible now?'
17. Ask the client to step out and put the symbol back in the body.
18. Future pace.

3. Working with Values

Values are the building stones of our identity. The DNA of our personality.

Values represent all that is important and essential in our lives. In order for change to be sustainable it needs to be aligned with the person's values. Each person's set of values is as unique as their fingerprints.

The brain organises our values according to a hierarchy of importance. At the top we will find the CORE VALUES.

Discovering values is like mining for diamonds! Sometimes we need to dig deep and clear out a lot of dirt before we find treasure.

These questions can help 'mine' for values:

(As the client is answering, listen for values that show up in the client's answer and get curious about them)

- What do you admire in people?
- What don't you like in people? (Listening for suppressed values)
- What drives you nuts or makes you angry or frustrated?
- What are 10 things you would take to an island?
- What MUST you have in your life?
- What do the people who love you say about you?
- What were some of your low moments?
- What are you proud of?
- What is your legacy?
- What fulfills you?
- What are you obsessed by?
- What don't you have enough of?
- What is important to you?
- What is the best advice you ever received?
- What is your 5 year vision for yourself?
- What is your future self?
- Who are you when at your worst?
- Who are you when at your best?
- What is glorious about failure?
- When has life been rich, full, exhilarating, flowing? What was important about that experience? What values were you honouring?
- What is so much a part of who you that you haven't even thought to put it on this list?

Core Values – are the highest values on a person's value hierarchy. They are our most important and precious values, the ones we cannot live without - whilst still being true to ourselves.

Core values in the context of Medical Coaching:

1. When a medical treatment, procedure, or strategy stands in conflict with a patient's values, that patient is more likely to resist it - physically, emotionally and mentally.
2. When a medical treatment, procedure, or strategy is aligned with a patient's values it becomes an additional resource of healing and empowerment.
3. As Medical Coaches we hold our client as naturally creative, resourceful and accountable – this means our clients values are still present and relevant in the midst of a medical crisis and chronic illness.
4. Our premise in medical coaching is that every behaviour is motivated by a positive intent. **A positive intent is a core value.**

The principles of a positive intent/core value:

1. At some level all behaviour is (or was at one time) 'positively intended', This means all behavior serves (or served) a 'positive intent'.
2. Although every behaviour serves a positive intent/core value of the person doing the behaviour, the behaviour itself can be socially unacceptable, negative or even self destructive.
3. Physical symptoms can be seen as a behaviour and serve a positive intent/core value.
4. To find the positive intent/core value we need to differentiate between the "behaviour" and one's "self" .
5. The purpose of finding the positive intent/core value is to create a change of behaviour.
6. Although there is a conscious will to stop, the positive intent/core value of the behaviour isn't conscious - therefore the change must take place at a subconscious level.
7. Positive intentions are most often obscured by multiple levels of thoughts.

Revealing the positive intention/core value behind a behavior

In order to reveal a positive intention we need to ask a series of questions to clear and reframe multiple layers of thoughts and beliefs that cover the positive intent. This inquiry can be done with the client's consciousness or sub consciousness.

This form of inquiry uses the following structure of questions:

When you have/do X – What becomes possible? Who do you become?

Example # 1 -

A client has described a desire to stop taking his medication, NOW, without consulting his doctor.

Q: Why do you want to stop taking this medication?

A: It's not helping me. I'm not feeling relief.

Q: When you feel relief, what will that give you?

A: I'll feel better.

Q: And when you feel better, what will that give you?

A: I'll be OK, I won't have to worry...

Q: And when you'll be OK and you won't have to worry, what will that give you?

A: Peace of mind

Q: And when you'll have peace of mind, what will be possible?

A: I'll be able to live a normal life. I'll do whatever I want whenever I want

Q: : And when you'll be able to live a normal life, and do whatever you want whenever you want, what will that give you?

A: I'll be myself again.

Q: And when you'll be yourself again, what will be possible?

A: Peace of mind.

Example # 2 -

A client has described an uncomfortable pattern of "obsessive worrying about the illness getting worse"

Q: If your "obsessive worrying" about your getting worse had a positive intention, what would it be?

A: I don't know. I have no idea. It doesn't help to obsess and worry. It just makes me stressed.

Q: What if you did know? What would it be then?

A: I don't know. I just want to make sure everything is OK with me.

Q: And when everything is OK with you, what does that give you?

A: I don't know. A feeling that everything is OK and nothing is going to surprise me.

Q: And when everything is OK and nothing is going to surprise you what become possible?

A: I can relax.

Q: And when you can relax, what becomes possible for you?

A: I don't know. I just know I'm going to be OK. I'm going to survive this.

Q: And when you feel you going to be OK, you are going to survive this, what does that give you?

A: It just means there is hope. That's all I want. Just a bit of hope.

Q: And when you have hope, what is possible?

A: I still have time to do things, things I didn't do...

Q: And when you have time to do things you didn't do, what becomes possible?

A: I can be important, I can make a difference, my life counts for something.

The 'Reframing Values' technique

1. Identify the 'problematic' value the client feels is getting in the way of achieving his/her goals. Ask you client how exactly does this 'problematic' value manifest itself, what are the behaviors, thoughts and emotions that are attached to this value.
2. Use the attached table to further explore this value (it's important to write down the client's answers).

Comparing the value to...	Similarities	Differences	Learnings (Positive Learnings)
Another person with a similar value, today			
Another person with an opposite value, today			
Self, in the past, with a similar value			
Self, in the past, with an opposite value			
Self, today, with a similar value			
Self, today, with an opposite value			
Self, in 10 years, in the same context			
Self from a meta-view (on the moon), in the same context.			

3. Read back all the learnings to the client and ask the client to give the value a new, more appropriate name.

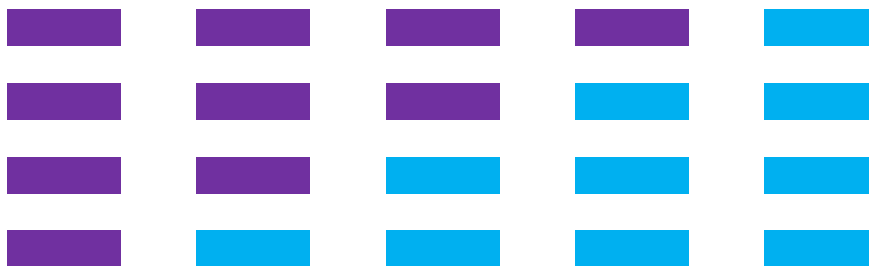
Comparing the value to...	Similarities	Differences	Learnings
Another person with a similar value, today			
Another person with an opposite value, today			
Self, in the past, with a similar value			
Self, in the past, with an opposite value			
Self, today, with a similar value			
Self, today, with an opposite value			
Self, in 10 years, in the same context			
Self from a meta-view (on the moon), in the same context.			

4. Working with Relaxation

RELAXATION – 1 to 4

There are many ways and techniques to help someone get into a relaxation state of mind. This technique is called '1 to 4'. The principle is transitioning from affirmations on the given exterior reality to affirmations on a desired inner reality.

It "looks" like this:



*Affirmations on **given exterior reality***

*Affirmations on **desired inner reality***

Examples for affirmations on the given exterior reality

- Take a deep breath and notice the feeling as you inhale and exhale...
- Notice that your feet are on the floor...
- Notice that your hands are on the...
- You might notice the sound of the X right now...
- You can hear my voice...
- You are sitting in the room with me...
- The chair is holding your weight...
- Notice if you are comfortable and if not, you can change the way you are sitting...

Examples for affirmations on a desired inner reality

- As you are breathing, notice the place of relaxation in your body...
- Your sub-conscious knows how to allow relaxation the exact way that works for you ...
- As you inhale, feel the relaxation expanding in your body...
- As you exhale allow your body to release unnecessary thought and tension...
- Notice how you are going deeper and deeper into relaxation, with each breath...
- You might notice thoughts coming to your attention and you simply let them go now...
- You can notice the way the relaxation is following my voice...
- You can notice the way your body is getting more and more relaxed...

5. Working with Client's Inner Parts/Representations

Parts Therapy

Parts therapy is based on the concept that our personality is composed of various parts. Our personality parts are aspects of the subconscious, each with their respective jobs or functions of the inner mind.

There are many variations on this concept, almost as many as the numbers of therapists working with this idea.

According to NLP a "Part" can be any manifestation of any aspect of our inner maps. We use the term "**Part**" to describe a "**Behaviour**"

A "**Part**" / "**Behaviour**" can be:

- A physical behaviour.
- An emotion.
- A thought.
- A thought pattern.
- A value.
- A belief.
- A system of beliefs.
- A resource.
- An addiction.
- A habit.
- A tendency.
- An illness.
- A body organ.

Certain parts exist on a conscious level and others on an unconscious level. Our parts compose our state of mind, being, choices and conduct.

As medical coaches we create a dialogue with our client's part for the sake of resolving conflicts, updating beliefs and values, creating new behaviors, healing trauma and anchoring resources.

'Talking with Parts' – Basic Technique

This technique is the base for all the work we do using the concept of 'Inner Parts'.

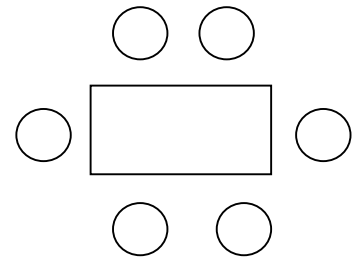
The basic technique of 'Talking with Parts' – means that we create a dialogue with a specific part that is in charge of an unwanted behavior for the sake of discovering its positive intention.

Talking with Parts:

- 1. Ask the client what is the behaviour he/she wants to change.**
- 2. Facilitate a state of relaxation for your client.**
- 3. Ask the client's permission to speak with his/her subconscious mind.**
- 4. Ask the subconscious mind's permission to speak with the part that is the behaviour.**
- 5. Thank the part for agreeing to speak with you.**
- 6. Explain to the part the meaning of a Positive Intention.**
- 7. Elicit the part's Positive Intention.**
Ask the part: "What is the positive thing that you want for the client?"
- 8. After revealing the Positive Intention, mirror to the part the gap between the intention and the actual behaviour.**
- 9. Ask the parts permission to change the behavior and create an agreement.**
- 10. Thank the part for its cooperation.**
- 11. Check ecology.**
Ask the client's subconscious if there is another part that objects to the agreement.
If there is such an objecting part, return to # 4.
If not, continue with the process.
- 12. Bring you client out of relaxation, debrief him/her on the process and present the agreement with the part.**

Important to remember:

1. Keep a respectful tone of voice and manner when speaking to a part.
2. Write down all the details of the agreement and give a copy to the client.
3. Use clean language.
4. The principle of the agreement: the part will allow the change and I will make sure the change enables the part to return to its original role as keeper of the positive intention.



Parts Party

1. Establish the language for the process (present the table and the seats).
2. Facilitate a state of relaxation for the client.
3. Lead the client to go to a safe and beautiful place. Set the table and seats in that place.
4. Ask the client to invite to the table **2 parts he/she loves** and seat them at the table. Welcome them.
5. Ask the client to invite to the table **2 practical parts** and seat them at the table. Welcome them and ask them to introduce themselves to the rest of the guests.
6. Ask the client to invite to the table **2 parts he/she do not like** and seat them at the table. Welcome them and ask them to introduce themselves to the rest of the guests.
7. Ask the parts: "who among you feels the least understood?"
 - * Elicit the positive intention of the part.
 - * Ask the rest of the guests if the gift of the positive intention is an acceptable gift for the client.
 - * If there is resistance explain the difference between a behavior and a positive intention. If there is resistance from a new part – elicit its positive intention and make sure it's acceptable to the other guests.
8. Repeat #7 for all of the parts.
9. Instruct the client: "look at all the gifts on the table" (name them).
"As you can see the table fading, step into the center of the gift circle and feel how these gifts go into your body"(keep repeating the names of the gifts).
Allow integration.
10. Get the client out of relaxation and future pace.

Perceptual Positions

Perceptual Positions is another variation on Parts Therapy. We use this technique to work on issues involving relationships.

There are four Perceptual Positions:

First Position ("Self") – Experiencing the world from my own personal perspective. I see and hear other people and the world around me from my own point of view, have my own feelings, etc. This is also called association.

Second Position ("Other") - Experiencing the world from or through another person's perspective. I see, hear, recall things and hear events from another person's viewpoint, feeling his body feelings, etc. (*I have an experience of being them, not their experience of being them*).

Third Position ("Observer") – Experiencing the world from the outside, as an observer. I observe myself and whatever situation I am in from the outside, as if seeing someone else. This is also called dissociation.

Forth Position ("We") - Experiencing the world from a collective perspective of the masses. I observe myself and whatever situation I am in as part of a larger group that has a distinct identity and perspective as if I am one part in a big machine.

Each of the Perceptual Positions can be experienced in an associative and dissociative state:

	Association	Disassociation	Stuck	Notes
<u>First Position ("Self")</u>	<p>I see through my eyes, hear through my ears and feel my own sensations and feelings.</p> <p>I am aware of my beliefs, values, desires and boundaries.</p> <p>I am assertive and express myself authentically.</p>	<p>I see through my eyes, hear through my ears but I'm not connected to my own sensations and feelings.</p> <p>My beliefs, values, desires and boundaries aren't clear to me.</p> <p>I find it difficult to fully understand the meaning of what I'm experiencing.</p>	<p>My only focus is on my existing maps.</p> <p>Aware only of my feelings and personal needs.</p>	<p>First Position is the base from where we go and explore other Perceptual Positions.</p> <p>When we bring information from other Perceptual Positions back to the first position, we expand our awareness in that position.</p>
<u>Second Position ("Other")</u>	<p>I see, hear and sense from your point of view.</p> <p>I am aware of your feelings, beliefs, values, desires and boundaries.</p> <p>I understand your positive intention.</p>	<p>I can see, hear and sense from your point of view but I'm not aware of your feelings, beliefs, values, desires and boundaries.</p>	<p>Over identification with another person to the point of loss of self.</p>	<p>Second position helps me to be empathetic, companionate, represent other people's interests, and predict another person's reaction.</p> <p>Second position means: I have an experience of being you, not your experience of being you.</p>
<u>Third Position ("Observer")</u>	<p>I can see, hear and sense from an observer's point of view (Meta View) of others in an interaction.</p> <p>I see the 'Big Picture', I understand the feelings of others but I am emotionally unattached.</p> <p>I can notice patterns and analyse things with empathy.</p>	<p>I can see, hear and sense from an observer's point of view of others in an interaction.</p> <p>I do not understand the feelings of others and I am emotionally unattached.</p> <p>I can notice patterns and analyse things without emotions or empathy.</p>	<p>Total disassociation – living like a 'Zombie', alongside life.</p>	

	Notes	Stuck	Disassociation	Association
Fourth Position ("We")	<p>I can see and understand the values and beliefs I share with the group.</p> <p>I feel I belong with the group and am a part of it.</p> <p>I take personal responsibility for being a part of the group.</p>	<p>I can see and understand the values and beliefs I share with the group but I do not feel a part of it.</p> <p>I don't take personal responsibility for being a part of the group</p>	<p>Total assimilation in the group to the point of loss of self.</p>	<p>Forth position is useful when we want to get people inspired, motivated and engaged in action.</p>

In medical coaching we work with the First, Second and Third positions. Moving between Perceptual Positions enables us to gather valuable information about the world and our experience. It makes us flexible and enriches our inner maps.

As Medical Coaches we use Perceptual Positions to resolve conflicts and help our client heal the relationships in his/her life with others, with the body and with the illness/ill organ.

'Perceptual Positions' is NOT Transactional Analysis (TA)

Form a 'Perceptual Positions' perspective all three ego states (Parent, Adult and Child) are considered Second position.

In Medical Coaching the client is responsible for defining and structuring the Second position according to his/her understanding of the narrative or the situation.

Shifting between Perceptual Positions

Regarding a relationship with another person

1. **Ask the client if there is a relationship or interaction to be resolved.**
2. **Shift geography and ask the client to go into First position**, in association, and describe the relationship and the difficulty.
3. **Break State.**
4. **Ask the client who would he/she like to put in the Second position.**
Shift geography and ask the client to go into Second position, in association, and describe the interaction from the other person's point of view (as if he/she were that person).
5. **Break State.**
6. **Shift geography and ask the client to go into Third position**, in association, and describe the interaction from the point of view of the relationship.
7. **Ask the client, in the Third position:**
 - What is the pattern?
 - What needs to be done to clear the pattern?
 - What does the relationship need from the two participants to be balanced and harmonious?
8. **Ask the client to take the learnings from the Third position, collect the learnings from the Second position and come back to the place of the First position.**
Give the client time to integrate the new learnings.
9. **Ask the client: what is different now? What becomes possible?**

Shifting between Perceptual Positions

Regarding the relationship with the body/organ/illness

- 1. Ask the client if there is a difficulty in relation to the body/organ/illness that needs to be resolved.**
- 2. Shift geography and ask the client to go into First position**, in association, and describe the emotions, thoughts and interactions.
- 3. Break State.**
- 4. Ask the client who/what would he/she like to put in the Second position.**
Shift geography and ask the client to go into Second position, in association, and

describe the interaction from the body's/organ's/illness's point of view (as if he/she were the body/organ/illness).

- 5. Break State.**
- 6. Shift geography and ask the client to go into Third position**, in association, and describe the interaction from the point of view of the relationship between the client and the body/organ/illness.
- 7. Ask the client, in the Third position:**
 - What is the pattern?
 - What needs to be done to clear the pattern?
 - What does the relationship need from the two participants to be balanced and harmonious?
- 8. Ask the client to take the learnings from the Third position, collect the learnings from the Second position and come back to the place of the First position.**
Give the client to time to integrate the new learnings.
- 9. Ask the client: what is different now? What becomes possible?**

Another way you can work with this technique is by integrating it into a Visualization:

Begin by facilitating a state of relaxation.

Then say to the client:

Imagine yourself sitting on a chair (you are the "thinking mind").

On a chair in front of you sits your body – like a separate entity.

There is a Third entity in the room observing the two of you – that is the entity of the relationship between you & your body.

Feel the presence of the other two entities.

What are you asking of the body?

Listen to the body; what is it asking of you?

What is the "Relationship" asking of both of us?

6. Working with Beliefs and Belief Systems

What is a Belief?

- *Richard Bandler and John Grinder*: Behaviour is organized around beliefs. As long as you can fit a behaviour into someone's belief system, you can get him to do anything, or stop him from doing anything. A belief tends to be much more universal and categorical than an understanding. When you already have a belief there's no room for a new one unless you weaken the old belief first.
- *Tony Robbins*: We usually think of beliefs in terms of creeds or doctrines and that's what many beliefs are. But in the most basic sense, a belief is any guiding principle, dictum, faith or passion that can provide meaning and direction in life. Beliefs are the prearranged, organized filters to our perceptions of the world. Beliefs are the compass and maps that guide us towards our goals and give us the surety and certainty to know we'll get there. Even at the level of physiology, beliefs (congruent internal representations) control reality. Belief is nothing but a state, an internal representation that governs behaviour. Beliefs are preformed, programmed approaches to perception that filter our communication to ourselves in a consistent manner. Most people treat a belief as if it's a thing, when really all it is is a feeling of certainty about something.
- *Robert Dilts*: Beliefs are not necessarily based upon a logical framework of ideas. They are instead, notoriously unresponsive to logic. They are not intended to coincide with reality. Since you don't really know what is real, you have to form a belief--a matter of faith.

Abraham Maslow's story about the corpse:

A psychiatrist was treating a man who believed he was a corpse. Despite all the psychiatrist's logical arguments, the man persisted in his belief. In a flash of inspiration, the psychiatrist asked the man "Do corpses bleed?" The man replied, "That's ridiculous! Of course corpses don't bleed." After first asking for permission, the psychiatrist pricked the man's finger and a drop of blood appeared. The man looked at his bleeding finger with astonishment and exclaimed: "I'll be damned, corpses DO bleed!"

The Medical Coaching perspective:

1. Beliefs are created as a result of linking at least two experiences and making a generalization regarding the connection.
2. Beliefs are generalizations we make about ourselves and the world.
3. Beliefs exist on a conscious and a subconscious level.
4. Even though our lives may not follow our conscious desires, wishes and plans, they are always a printout of our beliefs.
5. Beliefs are the framework of all aspects of our lives.
6. Beliefs are the filters we view our reality through.
7. Beliefs influence all our behaviours.
8. We draw into our lives events and people that reinforce our beliefs.
9. If we do not learn to deal with our beliefs, our beliefs will deal with us through illness, feelings, stress, relationships, prosperity issues...
10. A belief is like a table top that is held by many legs (Garry Craig).
11. Secondary gain issues are part of our belief system.

Although beliefs are developed through exposure to experience they are resistant to logic and "facts" because they are our subjective perceptions about our inner maps of the world.

When someone holds a certain belief, even if he/she comes across an event/"fact" that contradicts that belief there is high probability that that person's mind will use perceptual filters of generalisation, deletion and distortion to conform the "reality" to the belief rather than challenge and/or change the belief itself.

If a person believes that X causes Y – his/her mind will generalise, delete and distort the information in the brain so that the internal representation produced will perpetuate the belief.

It is very important to remember that belief systems are the large frame around any change work we want to do with our clients.

There are three types of beliefs:

1. **Beliefs about Cause –**
When we believe that "X" causes "Y", our behaviour will be directed toward making "X" happen or preventing "X" from happening in case "Y" has a negative meaning for us.
2. **Beliefs about Meaning –**
When we believe that "X" actually means that we/the world is "Y", our behavior will be congruent with the belief.
3. **Beliefs about Identity –**
Beliefs about identity include cause, meaning and boundaries.
When "X" happens, we will ask: "what does that say about me/who does that make me?"

Examples from the medical coaching room:

1. **Beliefs about Cause**
 - My illness is a punishment from God.
 - I'm sick because I was a bad person in a previous life.
 - I'm am sick because I didn't take good care of myself.
 - I'm sick because I smoked 3 packets a day.
2. **Beliefs about Meaning**
 - I'm sick because I was born like this.
 - I'm dying because there is no cure for this illness.
 - 1 out of 3 women get this illness.
 - This illness "runs" in the family gene pool.
3. **Beliefs about Identity**
 - I'm sick because I was irresponsible with my life.
 - I didn't value the good things in life, so now I have this illness.
 - This illness is here to teach me to let go and be myself.
 - I have an addictive personality and that's why I got sick.

Beliefs are largely unconscious patterned thinking processes and because of that they are hard to identify.

When trying to identify a person's beliefs and/or belief systems you need to be mindful of these three traps (named by Robert Dilts):

1. **"The Fish in the Dreams"**

When you (the coach) find substantiations for your own beliefs in other people's words.

2. **"The Red Herring"**

When a person creates logical explanations for his/her feelings or behaviour because he/she is not aware of what is really causing them.

3. **"The Smokescreen"**

When a person (a client) blanks out, begins to discuss something irrelevant to the process or simply disassociates from the belief because he/she want to protect him/herself from the truth about the belief.

(This often happens when working with a belief about identity that brings up pain or unpleasantness).

Placebo and the power of beliefs

What is placebo?

"...any therapy prescribed ... for its therapeutic effect on a symptom or disease, but which is actually ineffective or not specifically effective for the symptom or disorder being treated"
(Shapiro, 1997)

In other words, placebo is a behaviour, which *should have no effect* – and yet it does, for certain people under certain conditions.

Although the placebo effect has been known of for years many still think has to do with wishful thinking, superstitions, "The Secret" or a belief that something has changed for the better when actually nothing at the organic level has changed.

Understanding of placebo in the context of a medical crisis is important for us, as medical coaches, for a few reasons:

1. Raising the client's awareness of the importance of creating congruency between medication, procedures and therapy and the inner belief system.
2. Creating an understanding regarding the effect of the client's inner belief system on the effectiveness of medications and procedures.
3. Harnessing the therapeutic effects of the placebo as a possible harmless and non-invasive alternative.

Placebo doesn't work for everyone every time.

An effective placebo needs to have four factors:

1. It needs to be credible (for example, a large pill is more credible than a small one, an injection is more credible than a pill).
2. The placebo is expected to deliver a specific outcome.
3. The placebo is believable to the person administering it (this is reflected in the language, and attitude enhancing confidence and additional expectancy of success).
4. The person administering the placebo is perceived credible and trustworthy.

When we have powerful beliefs, for better or worse, they shape our picture of the world thus making us believe them even more and as if they were scientific facts.

The power of the belief in the authority that is providing the "cure"/placebo and the provider's belief in the curative process may be all that is needed to affect a physical, mental and/or emotional healing process even in severe cases of illness and injury.

Secondary Gain

An advantage or benefit gained through an illness or debility.

The link made between the advantage/benefit and the illness or debility and the generalization regarding this connection make secondary gains a part of our belief system.

Secondary Gain beliefs are neither good nor bad on their own, they are a normal reaction to an abnormal situation. We must look at them within the context of their content.

When working with a medical coaching client we must always look into the issue of Secondary Gain.

To identify the Secondary Gain we need to ask two questions:

- ***What is the upside of having his problem/issue?***
- ***What is the downside of not having this problem/issue anymore?***

We can also use the ACE secondary gain questions:

- ***What is it that you are doing that once you let this go, you STOP doing?***
- ***What is it that you are NOT doing that once you let this go, you START doing?***

** We need to be extremely careful when we address this issue and phrase our questions because we do not want to put any additional blame on our client*

Trauma and the creation of beliefs

A traumatic event can cause beliefs around cause, meaning or identity.
For more information go to chapter on Trauma in the course manual.

Beliefs are divided into two categories:

- **Empowering Beliefs** – enable and encourage us to make changes.
- **Limiting Beliefs** – block and prevent us from making changes.

Beliefs are created as a result of an early experience or the meaning one gives to a sequence of early experiences.

When a client is interested in making a change, it is important to check with that client what is the belief or beliefs system around that change and if there is an inner incongruity.

An inner incongruity will result in an inner conflict between beliefs.

There are two types of incongruity:

1. "NEED / WANT" conflict

This conflict originates from two sources:

- a. A person has a few significant role models who represent or hold different/conflicting beliefs.
- b. A person is confused about his/her belief hierarchy.

2. "WANT / CAN'T" conflict

This conflict occurs when a person expresses a desire for change but does not believe change is possible and/or that he/she deserves change.

The objective of limiting beliefs

A limiting belief is created to solve the inner incongruity between the person's desire for change and lack of an answer to the question of "HOW?"

Examples:

1. If a person does not know HOW to achieve a goal, he/she might create the belief that: "it is impossible to achieve that goal".
2. If a person does not know HOW to change a certain behavior, he/she might create the belief that: "I cannot do this".
3. If a person does not know HOW to heal from an illness, he/she might create the belief that: "this illness is incurable" or "I am going to die from this illness".
4. If a patient does not know HOW to set boundaries for family members or medical professionals, he/she might create the belief that: "I am not capable of setting boundaries" or "setting boundaries is dangerous for me".

To change a limiting belief we need to answer the question of **HOW**.

Once we have an answer, we translate it into a **resource** and an **action plan** for our client.

Identifying limiting beliefs

There are three emotions attached to limiting beliefs. Identifying these emotion will help us identify the presence of a limiting belief:

1. **Hopelessness** – the client does not believe the goal is possible = Limiting belief regarding results.
2. **Helplessness** – the client does not believe he/she can achieve the goal = Limiting belief regarding ability.
3. **Low self esteem** - the client does not feel worthy of achieving the goal = Limiting belief regarding identity.

Limiting beliefs are part of our inner reality and they influence our choices, behavior and emotions.

Here is a list of 36 common limiting beliefs. Does anything look/sound/feel familiar?

1. I don't deserve it.
2. Life is tough.
3. I'm not _____ enough.
4. I'm too _____.
5. Beauty is _____.
6. I've lost my chance.
7. It's too late for _____.

8. I don't have _____.
9. If people really knew me, they would see that I am _____.
10. This is not a good time for _____.
11. If I fail, I won't be able to live with myself.
12. I can't take this.
13. If I only had X, I would be able to _____.
14. Something is wrong with me.
15. I always screw up.
16. I'm a survivor.
17. I'm a victim.
18. I need to work hard to get ahead in life.
19. It's tough to succeed in this economy.
20. I've had enough.
21. Being feminine/ masculine means _____.
22. Being a good daughter/son/father/mother/sister/brother means _____.
23. I need to take care of _____.
24. I talk too much.
25. It's not safe for me here.
26. If I take more, there will be less left for others.
27. I shine too brightly.
28. I need to sell my soul to make a lot of money.
29. I never win prizes.
30. If I succeed people will give me the evil eye.
31. I'm so messed up.
32. I'm _____ deep inside.
33. I must be in control.
34. Something must change for me to be OK.
35. I'm flawed.
36. People will take advantage of me.

There are 3 approaches to changing a limiting belief:

- 1 - Changing the submodalities of the belief
- 2 - Deconstructing the linguistic structure of the belief
- 3 - Finding the positive intention behind the belief

1 - Changing the Submodalities

1. **"Think of a limiting belief about yourself that you wish you did not have.** What is it?
As you think about that belief, do you have a picture in your mind?"
2. **Elicit the submodalities** using the worksheet and write them in column #1
3. **"Think of a belief which for you is no longer true"** (Something which used to be true for you, but no longer is). What is it?
As you think about that belief, do you have a picture in your mind?"
4. **Elicit the submodalities** using the worksheet and write them in column #2
5. **Change the submodalities of #1 into the sub-modalities of #2**
6. **Test:** Now, what do you think about that old belief?
7. **"Think of a belief which for you is absolutely true"** (for example: the belief that the sun is going to come up tomorrow, or the belief that it's good to breathe) What is it?
As you think about that belief, do you have a picture in your mind?"
8. **Elicit the submodalities** using the worksheet and write them in column #3
9. **"Think of a belief that you want to have, which is the opposite of the old belief.** What is it?
As you think about that belief, do you have a picture in your mind?"
10. **Elicit the sub modalities** using the worksheet and write them in column #4
11. **Change the sub modalities of #3 into the sub modalities of #4**
12. **"Picture the way a Master Lock closes. Good, now lock it in place, just like that."**
13. **Break State.**
14. **Test:** "Think about that old believe, what comes up?"

Note: The submodalities beneath the hard line in each modality are rarely used.

<i>Visual</i>	1	2	3	4
B/W or Colour				
Near or Far				
Bright or Dim				
Location				
Size of Picture				
Associated?				
Focused?				
Focus Changing?				
Framed or Panoramic				
Movie or Still				
Movie Speed				
Contrast				
3D or 2D				
Viewing Angle				
Num. of Pictures				
<i>Auditory</i>	<i>What sounds are important?</i>			
Location				
Direction				
Internal/External				
Volume				
Speed				
Pitch				
Tonality				
Timbre				
Pauses				
Cadence				
Duration				
Uniqueness				
<i>Kinesthetic</i>	<i>What feelings are important?</i>			
Location				
Size				
Shape				
Intensity				
Steadiness				
Movement				
Duration				
Vibration				
Pressure/Heat				
Weight				

<i>Visual</i>	1	2	3	4
B/W or Colour				
Near or Far				
Bright or Dim				
Location				
Size of Picture				
Associated?				
Focused?				
Focus Changing?				
Framed or Panoramic				
Movie or Still				
Movie Speed				
Contrast				
3D or 2D				
Viewing Angle				
Num. of Pictures				
<i>Auditory</i>	<i>What sounds are important?</i>			
Location				
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Internal/External				
Volume				
Speed				
Pitch				
Tonality				
Timbre				
Pauses				
Cadence				
Duration				
Uniqueness				
<i>Kinesthetic</i>	<i>What feelings are important?</i>			
Location				
Size				
Shape				
Intensity				
Steadiness				
Movement				
Duration				
Vibration				
Pressure/Heat				
Weight				

2 – Deconstructing the linguistic structure

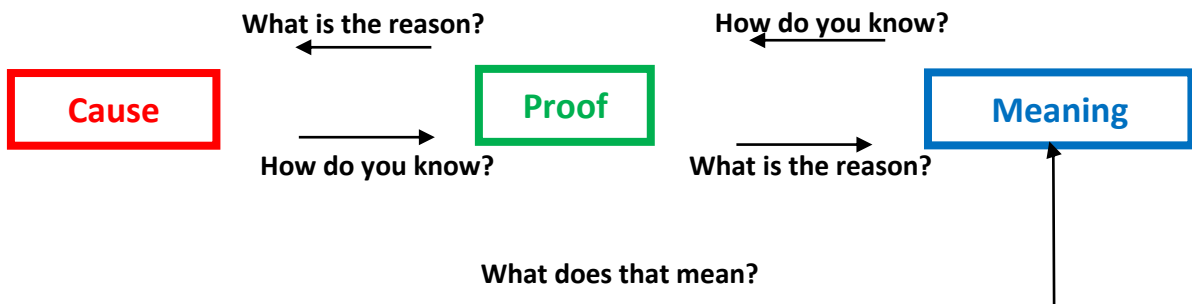
The Circular Inquiry Technique – deconstructing limiting beliefs

To start deconstructing a limiting belief we can identify the following linguistic format in the belief itself:



We use the following questions to identify the format:

1. What do you think is the reason for that? (Cause)
2. How do you know it to be true? (Proof)
3. What does that mean? What does that say about you? What does that say about life/the world? (Meaning)

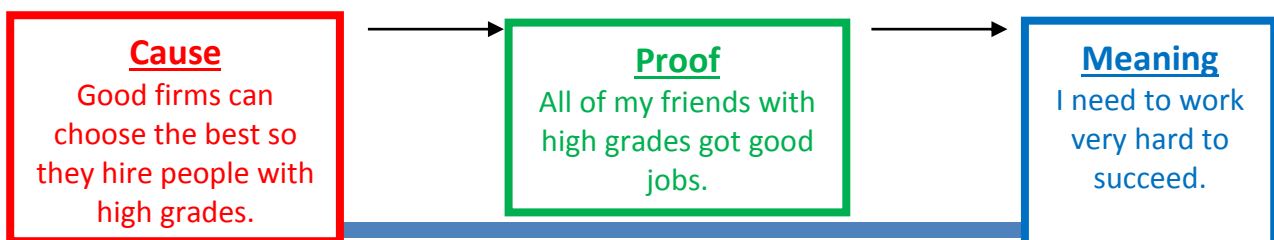


After identifying the linguistic format in the belief, choose one part and start deconstructing by creating doubt.

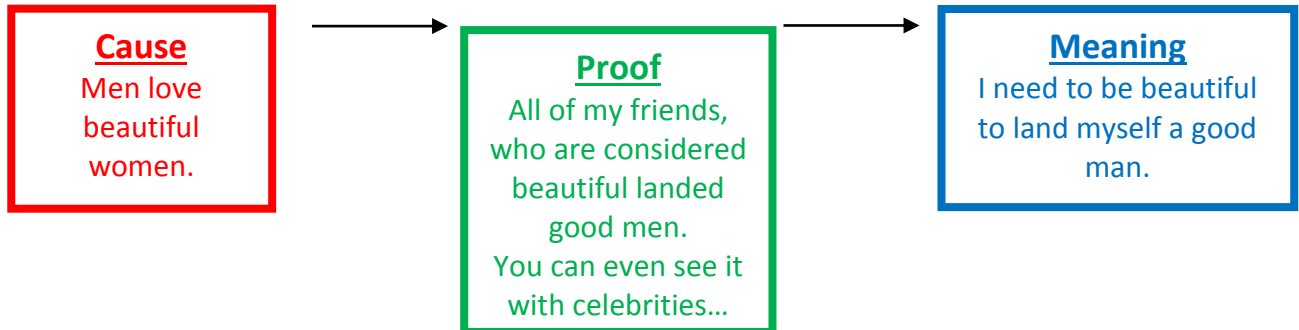
Once we have undermined one part of the belief format the rest will come tumbling down...

Examples:

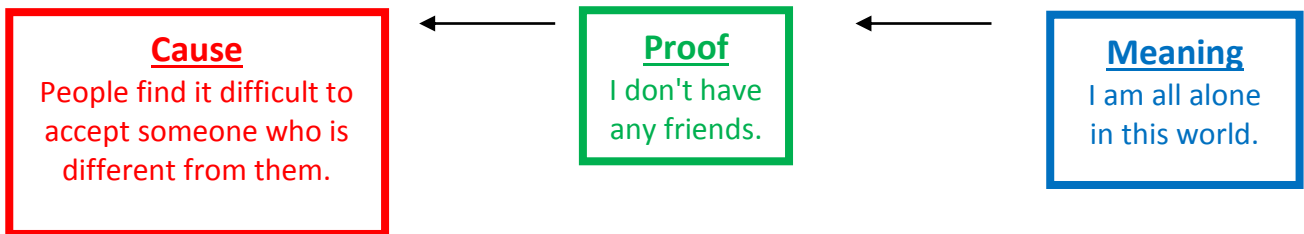
1. Only people with high grades in college succeed in life.



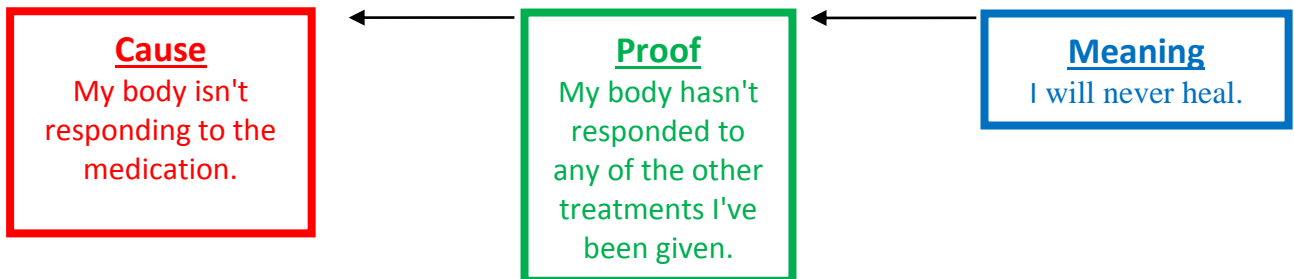
2. I need to get plastic surgery.



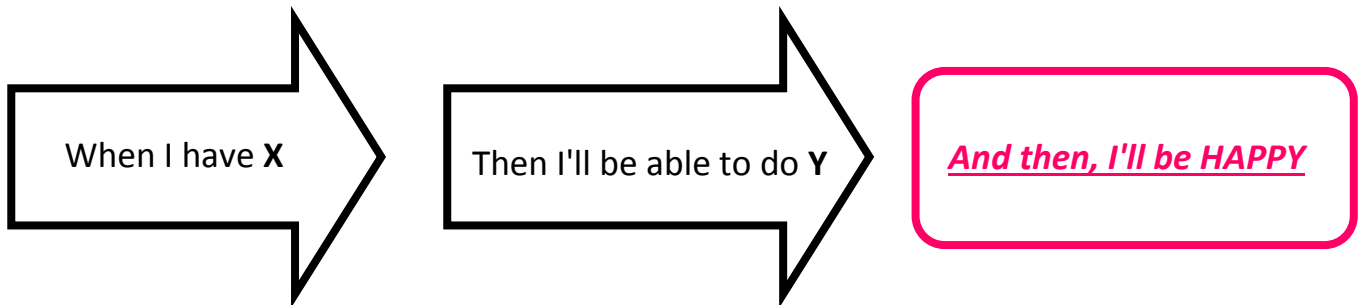
3. I'm a freak.



4. My condition is incurable.



Have – Do – Be Technique



3 – Finding the positive intention

Approach the belief as if it were an inner part and find its positive intention using the 'Talking with Parts' Technique

7. Resolving Conflicts

From a physiological perspective, a conflict is a mental struggle between different and opposing representations of the world.

Freud was known to say that there is no *neurosis without conflict. According to Freud, conflict was created by frustration. To become pathological, the external conflict needs to be heightened by an internal conflict.

* Neurosis: an emotional illness in which a person experiences strong feelings of fear or worry. (Webster dictionary)

Internal conflicts – occurs between two different parts/representations of a person or an experience.

Internal conflicts can be found on all six Logical Levels of change:

1. **Environment**: *Where do I need to change?*
2. **Behaviors**: *What do I need to change?*
3. **Capabilities and Skills**: *How do I make these changes?*
4. **Values and Beliefs**: *Why do I make these changes?*
5. **Identity**: *Who am I and do I reflect that in the way I live?*
6. **Spirituality/Purpose**: *Whom do I serve and for what purpose?*

External conflicts – occurs between people in two situations:

1. There are differences/gaps in the perception of reality (inner neurological maps). These differences are manifested in paradigms, beliefs, values and behaviour.
2. There is a lack of inner abilities to cope with a clash between different people with different inner maps.

The common known approaches to resolving conflicts are negotiation or mediation. In both cases there is compromise and yielding.

In medical coaching the approach to resolving conflicts is **Integration**.

The experience of an inner conflict

Everyone experiences conflicts between inner parts.

These are situations where one part of us wants A, another part of us wants B and it seems that A and B cannot co-exist.

Example:

- One part of me wants to be independent and another part wants to be taken care of.
- One part of me wants to be spontaneous and another part of me needs structure.
- One part of me wants to get ahead and succeed and another part wants to be loved and accepted.

The content of the conflict is very subjective. What might be a conflict for one person might not be a conflict for another.

An inner conflict creates an experience of an inner split.

When we feel split from within it is difficult to experience and respond from a place of wholeness and resourcefulness.

A true and sustainable resolution can only be achieved when we come from a perspective of integration that honors the positive intention of all parts in the conflict.

When does a conflict take place?

1. When the hierarchy of values isn't clear.
2. When the values and beliefs have not been updated after crossing a threshold in life.
3. When there is a gap between the way I see/experience myself and the way other see/experience me.
4. When there is a clash between two META-Programs.

From a therapeutic perspective, the objective of resolving conflicts is to help the person to be internally aligned on all Logical Levels.

The Medical Coaching approach towards conflict resolution is the integration of two positive intentions.

Parts Integration (Integration of Conflicting Parts)

1. Identify the conflicting parts.
2. Elicit a state of relaxation.
3. Begin with part X - and ask the client:
 - "Where is part X (name of the part) located in the body?"
 - "Allow that part to travel to one of your shoulders (ask which shoulder), down the arm and into the palm of your hand."
 - "Create a representation that symbolises this part."
4. Part Y - Ask the client:
 - "Where is part Y (name of the part) located in the body?"
 - "Allow that part to travel to the other shoulder, down the arm and into the palm of your hand."
 - "Create a representation that symbolises this part"
5. Part X – elicit the positive intention of part X by asking:
"What is the gift/good you are bringing the client?"
6. Part Y – elicit the positive intention of part Y by asking:
"What is the gift/good you are bringing the client?"
7. Engage the parts in understanding and accepting the positive intention of the other by asking:
 - Does X understand and agree with the positive intentions of Y?
 - Does Y understand and agree with the positive intentions of X?
8. Instruct the client to turn the hands towards each other and slowly bring them closer together.
As the client is doing this, reframe the process: "as your hands are coming closer together, your subconscious mind is creating a third resource that will be born out of the two positive intentions. This is not a process of mixing but a process of compounding (use the salad and cake metaphor). This is a process of alchemy and your subconscious knows exactly how to do this." **Calibrate.**
9. Ask the client:
 - "There is a new new image that has been born from the two former parts, what is it?"
 - "Bring the new image into your body through placing both hands on your:

- **HEART** allowing it to sink in.
- **HEAD** allowing it to sink into your brain.
- **ABDOMEN** allowing it to sink into your guts.
- **BODILY ORGAN** (that you intuitively feel needs this resource), allowing it to sink in."

10. Bring your client out of relaxation.

11. Ask you client to think about that old issue in light of the new learning and be curious: "What becomes possible now that you can approach this issue in a different way?"

8. EFT - Emotional Freedom Technique

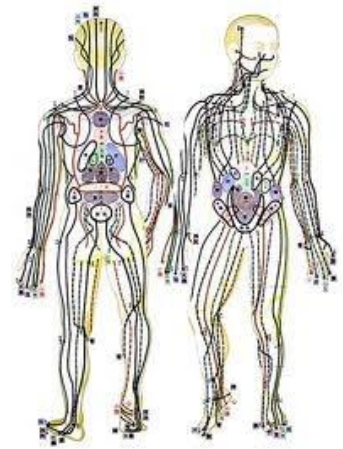
EFT - Emotional Freedom Technique - Tapping - is considered a form of Energy Psychology or Psychological Acupressure.

EFT uses the same energy meridians that have been used in traditional acupuncture for over four thousand years.

We gently tap with our fingertips on acupuncture points, stimulating the body's energy system, while thinking about a specific problem. As we do that, energy moves, emotions shift and we experience a clearing or release.

The combination of stimulating our body's bioenergy system and voicing our thoughts – while feeling the emotions – works to clear what was previously a stuck energetic pattern and restores our mind and body to balance.

This allows new, empowering, resourceful, creative, healthy, loving, joyful and peaceful thoughts and emotions to emerge.



The modern version of EFT, as we know it today, was originated by Gary Craig.

There is a lot of information online about EFT and a lot of demonstrations on YouTube.

As you go deeper into EFT and look at other EFT practitioners' work (which I highly recommend that you do) you will notice that different practitioners' have different styles of tapping and different preferences for tapping points.

When you become more competent and more experienced with EFT you will find your own style.

My personal belief is that the actual points you tap aren't nearly as important as stimulating the energy system and feeling the emotions.

Feelings that are "buried alive" do not die, they get trapped in our system and when triggered they are expressed emotionally, mentally and/or physically.

When tapping it is crucial to tell the truth about what you feel.

The Scientific Aspect of EFT

Quotations from the article: 'Breakthroughs in Energy Psychology: **A New Way to Heal the Body and Mind**', by Nick Ortner. Posted on the Huffington Post, 03/17/2012

http://www.huffingtonpost.com/nick-ortner/emotional-freedom-technique_b_1349223.html

Dr. Dawson Church, Ph.D., from the Foundation for Epigenetic Medicine, Santa Rosa, California, has been researching and using EFT since 2002. Because EFT simultaneously accesses stress on physical and emotional levels, he adds, "EFT gives you the best of both worlds, body and mind, like getting a massage during a psychotherapy session."

In fact, it's EFT's ability to access the amygdala, an almond-shaped part of your brain that initiates your body's negative reaction to fear, a process we often refer to as the "fight or flight" response that makes it so powerful. "By reducing stress," adds Church, "EFT helps with many problems. When you reduce stress in one area of your life, there's often a beneficial effect in other areas."

In partnership with Dr. David Feinstein, Dr. Church has been able to confirm that tapping on specific meridian points has a positive effect on cortisol levels. Cortisol, known as the "stress hormone," is integral to our body's "fight or flight" response.

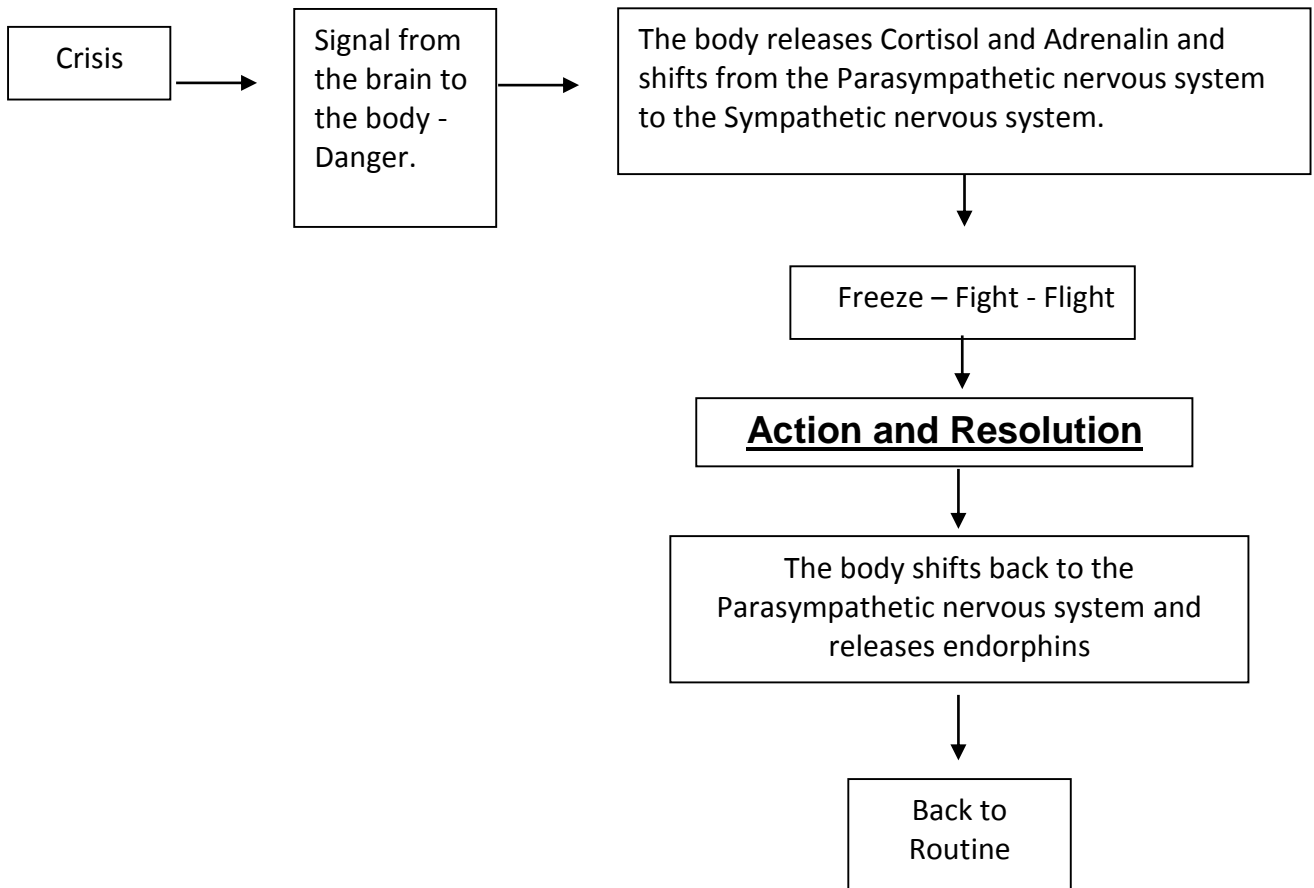
In Dr. Church's study, 83 participants were separated into three groups. One group was guided through an hour-long EFT session; the second group received an hour of talk therapy, while the third, the control group, received no treatment. The group that did an hour of EFT demonstrated a 24 percent decrease in cortisol levels, while the other two groups showed no real change. The EFT group also exhibited lower levels of psychological symptoms, including anxiety, depression, and others, as measured by the Symptom Assessment-45 (SA-45), a standard psychological assessment tool.

Research suggests that EFT may be so effective because of its perceived ability to balance out the nervous system, levelling off the activity of the parasympathetic and sympathetic regions. Responsible for promoting cell regeneration and relaxation, the parasympathetic region helps to slow your heartbeat, support digestion, and more. The sympathetic system, on the other hand, prepares you for vigorous physical activity by speeding up your heart, constricting your pupils, and so on. [As noted in Church's study](#), imbalance between these two regions is associated with a long list of health issues, from high blood pressure and heart problems (most often seen in those with an overactive sympathetic region), to depression, fatigue, and weakened immune response (in those with excessive parasympathetic activity).

In his study findings, Church asserts that EFT, which he refers to as "acupoint treatments" produces "a neutral emotional state," which biologically speaking, is the gold standard of health and wellness.

(For full study go to - <http://www.eftuniverse.com/images/stories/epimechpaper.pdf>)

In conclusion: from a physical point of view, EFT helps balance the levels of Cortisol in the body allowing the body to shift from Parasympathetic mode to Sympathetic mode.



What can we use EFT for?

- Cravings
- Any emotional upset
- Repetitive thoughts
- Haunting memories
- Procrastination
- When overwhelmed
- Pain
- Insomnia
- Goal-setting
- Headaches
- Fatigue

As Gary Craig (the originator of EFT) said, ***“Try it on everything”!***

Let's be honest, this stuff can look REALLY silly!

Some people are put off by the look of emotional tapping, to others it seems unscientific.

The bottom line is that the positive effects of EFT are undeniable and... we can always tap on feeling silly. 😊

A few pointers before we start tapping...

- We tap using several fingers.
- As we tap, we stimulate the energy meridians on the fingertips and that is why it's better to tap with the fingertips.
- We tap as hard as we might tap on a table top.

The 4 C's of tapping

There are 4 principles to a good tapping session. Gwyneth Moss calls them the 4 C's.

1. **Calming** – bringing down the level of emotional intensity.
2. **Connecting** – maintaining the emotional connection to the topic.
3. **Clearing** – clearing emotions to revealing deeper issues.
4. **Completing** – making sure all aspects of the topic have been cleared and the change is ecological and applicable to the client's life.

Basic EFT

1. TUNE IN AND ASSESS

The first step in EFT tapping is to get a measurement of how strong the emotion is. Since we have no scale to stand on - the assessment is subjective. Tune in to what your inner voice is saying about the issue and feel the intensity of the related emotions right now. Get an intensity number, from 0 - 10. Zero means there is no emotion about the issue. Ten means the maximum emotional intensity. Note the starting number on paper. That is going to be your baseline. You will continually reassess as you go through the process.

2. THE SET UP

This part of the process is designed to pacify the subconscious gatekeepers who want to keep you safe in your familiar patterns.

Start tapping on the karate chop point and say,

Even though _____ (describe your problem), I deeply and completely love and accept myself.

Make this statement three times, while tapping continuously on the karate chop point.



In the first part of the set up phrase you fill in the blank with a short description of the problem or the issue.

It can be something like:

Even though I feel overwhelmed...

Even though I'm sad right now...

Even though I have this throbbing headache...

Even though I have this craving for _____...

The second part of the set up phrase is an affirmation or kind of positive statement about yourself. The most basic affirmation we use is: 'I deeply and completely love and accept myself'.

If that doesn't sit well or feel authentic there are other possible affirmations you can use, such as:

Even though I_(the problem)_, I accept myself and all my feelings.

Even though I_(the problem)_, I accept myself right now.

Even though I_(the problem)_, I'd like to accept myself just as I am.

Even though I_(the problem)_, I know I'm ok.

Examples, with the whole set up statement:

Even though I feel overwhelmed, I love and accept myself.

Even though I'm feeling depressed, I accept myself and all my feelings.

Even though I am terrified about the operation I have to have done, I'd like to accept myself just as I am.

Even though I have this throbbing pain in my leg, I know deep down I'm ok.

Even though I have this craving for a cigarette, I'm ok.

3. **START TAPPING**

After the Tapping Set-up, you do one or more "rounds" of tapping on the meridian points.

The tapping round begins and ends at the karate chop point.

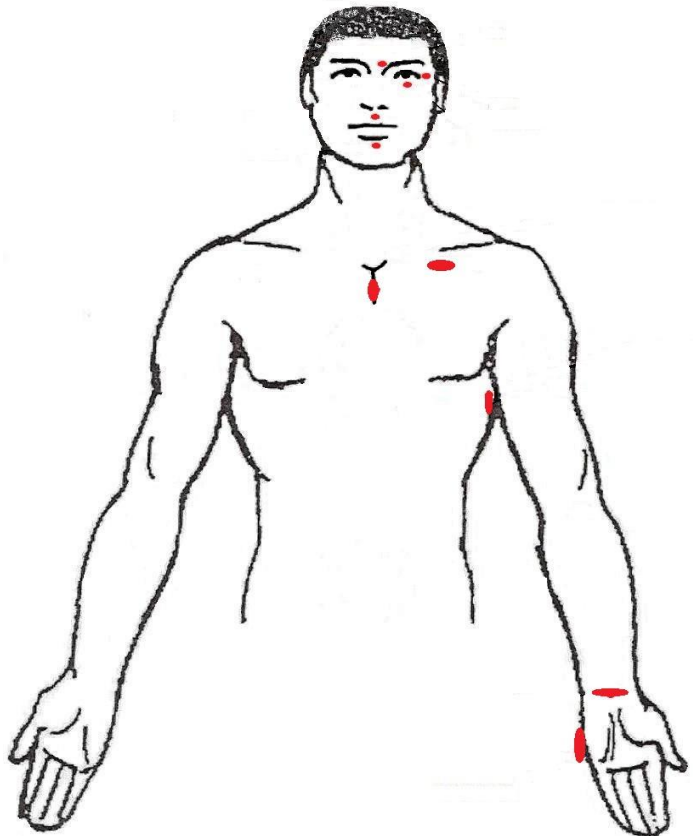
At each point, you say a statement, called the EFT reminder phrase. You can repeat the same affirmation at each point, or you can vary your affirmations.

These are the tapping points:

- Eyebrow
- Side of Eye
- Under Eye
- Under Nose
- Chin
- Collarbone
- Thymus
- Under Arm
- Wrist

That is one round.

Repeat at least two more times.



Example:

Let's say the problem is that you are feeling overwhelmed.

At each point, you can repeat the statement: "This overwhelm".

Eyebrow: This overwhelm

Side of Eye: This overwhelm

Under Eye: This overwhelm

Under Nose: This overwhelm

Chin: This overwhelm

Collarbone: This overwhelm

Thymus: This overwhelm

Under Arm: This overwhelm

Wrist: This overwhelm

That is one round. Repeat at least two more times.

4. DEEP BREATH

Take a deep breath .

This helps move energy, oxygenates the mind and body and helps bring mental clarity.

It's also recommended to take a drink of water at this point.

5. REASSESS

Tune in and reassess the intensity level of the problem or the issue from 0 - 10.

Ideally, you will want to keep tapping until you bring the intensity level down to zero .

Notice If new memories, insights or emotions came up and if needed start a new set up and tap on them.

Using EFT with Clients

When we use EFT with clients we become the facilitators of the tapping process.

1. We mirror the tapping points to our client by tapping on ourselves and have the client tap with us.
2. We get the topic and the intensity from the client
3. We lead the tapping by speaking out loud the information and descriptions we received from the client regarding the problem and have the client repeat after us.
4. We check out for the new intensity and get curious about new information, insights or emotions that may have come up.
5. We integrate the tapping into the coaching process.

Advanced EFT

Basic EFT is great for simple daily issues and upsets, such as: being irritated, feeling hurt, anxious, worried, frustrated or overwhelmed.

But there are times when basic tapping isn't enough and you need a tapping technique that goes deeper – an advanced tapping technique.

Advanced tapping is similar to the basic tapping techniques, with a few additions.

Start by making a list of all the thoughts and emotions that come up as you connect emotionally to the problem or the issue.

You'll use that list as tapping phrases

We begin the same as before...

1. TUNE IN AND ASSESS

Tune in to all the emotions you listed and get the intensity of all the related emotions.

Get an intensity number, from 0 - 10.

Note the starting numbers on paper.

2. THE SET UP

Tap continuously on the karate chop point, state the problem and an affirmation three times.

It may go something like this:

Even though I'm feeling so overwhelmed right now, I accept myself .

Even though I'm overwhelmed and feel confused and anxious, I accept myself and trust that everything is going to be OK.

Even though I've got so many things to do and a list of worries and concerns, I love and approve of myself.

3. START TAPPING

Start tapping on the list, one statement at each point

Encourage the client to vent anything else that comes up as you are both tapping together.

(It's not important how many rounds this takes in all).

4. DEEP BREATH AND REASSESS

Take a deep breath and reassess your emotional state.

Check the intensity of all the emotions on the list.

Notice if there are any new emotions or aspects, add them to the list and get the intensity.

5. NEW SET UP

Start a new set up and keep tapping until you have brought all the intensities to zero.

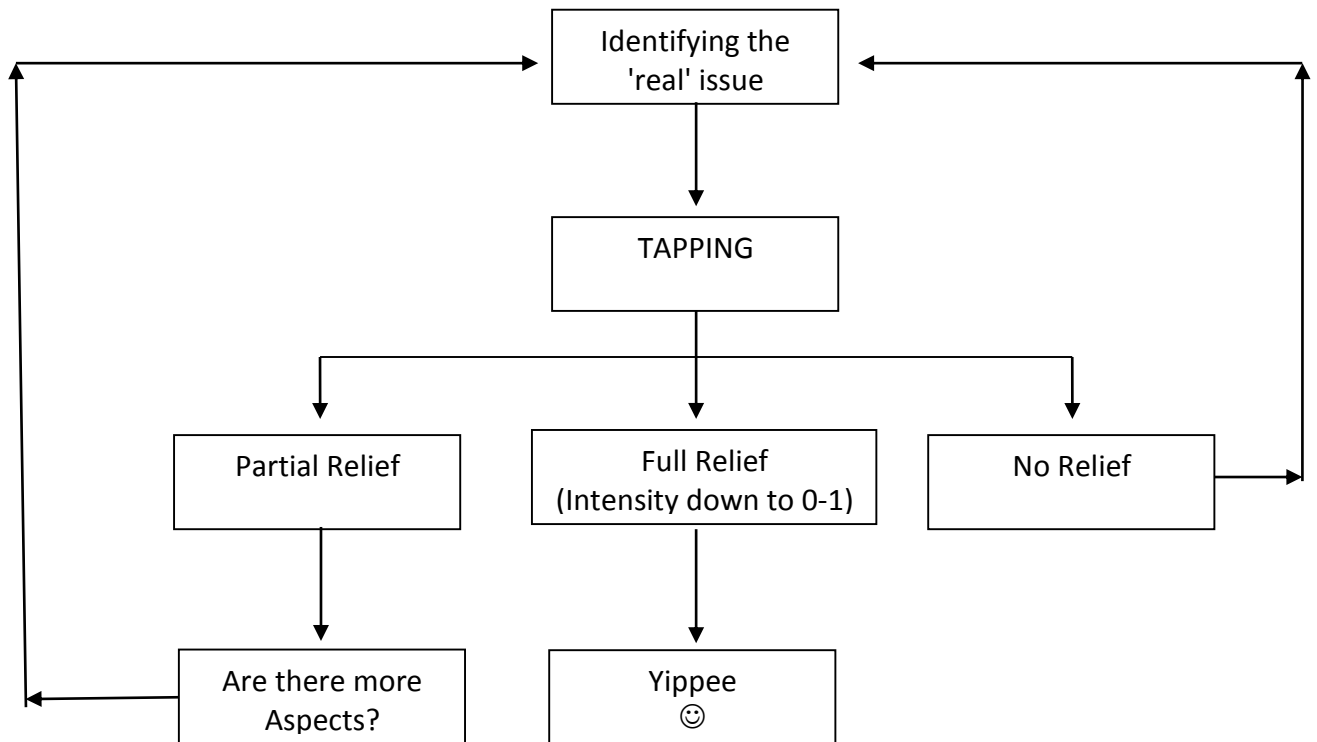
When we do advanced tapping, we take into consideration which emotion and body function are connected to which tapping point.

This is a list of emotions and body functions connected to the tapping points we use:

- **Karate Chop (KC) – Small Intestine Meridian**
Releases: Psychological reversal (feeling stuck or frozen), inability to let go, resistance to change, sorrow, feeling vulnerable, worry, obsession, compulsive behavior.
Allows: Ability to move forward, letting go of the old, healing from grief, finding happiness in and connecting to the present moment.
- **Eyebrow (EB) - Bladder Meridian**
Releases: Trauma, hurt, sadness, restlessness, frustration, impatience and dread.
Allows: Peace and emotional healing.
- **Side of Eye (SE) - Gall Bladder Meridian**
Releases: Rage, anger, resentment, fear of change and muddled thinking.
Allows: Clarity and compassion.
- **Under Eye (UE) - Stomach Meridian**
Releases: Fear, anxiety, emptiness, worry, nervousness and disappointment.
Allows: Contentment, calmness, and feeling safe. "All is well."
- **Under Nose (UN) - Governing Meridian**
Releases: Embarrassment, powerlessness, shame, guilt, grief, fear of failure.
Allows: Self-acceptance, self-empowerment, and compassion for self and others.
- **Chin (CH) - Central Meridian**
Releases: Confusion, uncertainty, shame, embarrassment.
Allows: Clarity, certainty, confidence, and self-acceptance.
- **Collarbone (CB) - Kidney Meridian - Adrenal Gland Function**
Releases: Psychological reversal, feeling stuck, indecision, worry, and general stress.
Allows: Ease in moving forward, confidence, clarity, elevating Qi levels.
- **Thymus**
Releases: Trauma, stress.
Allows: Adaptation of the immune system.
- **Under Arm (UA) - Spleen Meridian**
Releases: Guilt, worry, obsessing, hopelessness, insecurity, and poor self esteem.
Allows: Clarity, confidence, relaxation, and compassion for self and others.

- **Wrist** – replaces the Top of the Head point ('Hundred Meeting Points' Meridian)
Releases: Inner critic, 'gerbil wheel' thinking, lack of focus.
Allows: Spiritual connection, insight, intuition, focus, wisdom, clarity.

The EFT process flow chart:



A few important tips:

- Whining is good when doing EFT!
 We tend to ignore those childish, whining parts of us that want to be cuddled, want approval, feel insecure and just want to be heard. Devoting a few rounds to express those thoughts and emotions can help release emotional 'crap', integrate all our parts and heal (and it really feels good!)
- After each one or several rounds of tapping, stop and take a deep breath. This helps move more energy and clear your thoughts.
- After taking a deep breath, tune in again and notice what you are feeling and thinking about the issue.
- You can say the words out loud or to yourself – as long as you stay focused on the issue you are tapping on.

What if 'I deeply and completely love and accept myself' doesn't work for me or the client?

The 'I love and accept myself' affirmation is only one option out of many. If it's doesn't feel 100% sincere and authentic, find one that does.

Here are some alternatives to the “I deeply and completely love and accept myself,” statement.

Alternatives to the Traditional Set-Up:

- Even though I _____, I accept myself and all my feelings.
- Even though I _____, I accept myself no matter what.
- Even though I _____, I accept myself right now.
- Even though I _____, I accept myself just as I am.
- Even though I _____, I know deep down I am good.
- Even though I _____, I'm ok.
- Even though I _____, deep down I know I'm ok.
- Even though I _____, God loves me.
- Even though I _____, I would like to accept myself.
- Even though I _____, it would be great if I could accept myself no matter what.
- Even though I _____, I'd like to be able to accept myself.
- Even though I _____, I can imagine the possibility of beginning to accept myself some day.
- Even though I _____, I'm tapping on it.
- Even though I _____, that's ok .
- Even though I _____, I'm alive.

When to Work with an EFT Professional and not DIY:

1. When the issues are highly charged - like trauma of death, abuse, horror and violence.
2. When you feel you need change NOW!
3. When you can't seem to get to the root of the problem.
4. When you feel it's too difficult to tap on the issue while maintaining distance and perspective .

Things that can sabotage tapping or make it ineffective:

1. Alcohol, drugs or chemical toxins.
2. Inadequate water in the system. If you haven't drunk enough water, or have consumed only drinks like coffee, tea, juice or soda - drink water and begin EFT again
3. You are not tuned in emotionally to the issue. Tapping, but not really feeling it.
4. There is a stronger reason for keeping the problem than letting go. There is a conscious or unconscious secondary gain or conflict.
5. You are not tapping on the real issue.

You began tapping and suddenly the client feels worse...

Option # 1 - you have probably tapped into a greater welling of emotion than the client realised was there.

This is actually a good sign, because that deep emotion has been affecting the client without him/her being aware of it .

Continue tapping, and remember that the work you are doing is life transforming .

Option # 2 – the client feels a new unsettling emotion that wasn't present when you began tapping.

This is also a good sign, as our thoughts, feelings and beliefs around the events of our lives can have many layers. Like the layers of an onion we need to peel those layers to get to the core issue so that we can release it.

EFT and serious/chronic illness

- To appropriately approach serious diseases we must first dispose of the "one minute wonder" misconception about EFT.
- Even though applying EFT to serious diseases may result in "one minute wonders" on some of the symptoms, one cannot assume that EFT will dispose of the broader underlying causes so easily.
- The idea of a "one session wonder" is a perception, in reality it is the exception to the rule.

Acknowledgments:

I would like to acknowledge and thank my wonderful EFT teachers:

Gary Craig

Natalie Hill

Masha Bennet

Nick Ortner

Brad Yates

9. Using Art and Creative Self Expression

Whether it's painting, drawing, sculpting, dancing, blogging, writing, journaling, performing on a stage – the media does not matter. What matters is that our client expresses him/herself - because self-expression is a pathway to healing.

Self-expression allows our client to:

- Process and express emotions.
- Bridge between a personal experience and a larger human experience.
- Grieve and come to terms with loss.
- Create a legacy.
- Create a vision.
- Find new meaning.

Writing techniques

1. In his book 'Illness and the Art of Creative Self Expression' Dr John Graham Poll offers a few questions that can be used to start writing about an illness:
 - When do you think that your illness took up occupancy inside you?
 - Who else is involved?
 - Does this illness remind you of anything or is it similar to anything that happened to you in the past? What are the worst things about it?
 - How is your life different since your illness?
 - Is there anything good that you can say about your situation?
 - What have you blamed and what have you changed since you have been sick?
 - How has your illness served a purpose?
2. **Anger letters** are a good way to "vent" anger out of the system. It is a three day

The essence of the writing technique is that it forces people to stop what they are doing and briefly reflect on their lives.

It is one of the few times that people are given permission to see where they have been and where they are going without having to please anyone.

They are able to prioritize their goals, find meaning in their past and future and think about who they are at this point in life.

Dr. James W. Pennebaker

process:

Guide Lines:

1. Write the letter a to person or the specific anger generator (God, body, universe, mother, friend, etc.). Do not write it to yourself.

2. Write without any type and/or form of self censorship. You can use “bad language”, “hit beneath the belt”, use sensitive information, use very creative adjectives, etc.

REMEMBER:

1. You are not sending this letter.
2. The Goal of this letter is to let the anger out of your inner system.
3. An anger letter written to a loved one doesn't change the love that you feel or hurt that person in anyway. It actually makes room for healing by “taking out the trash” of needless anger.

Process: Day 1

- a) Write the letter until there is no more to say.
- b) Sign your name on it.
- c) Fold it.
- d) Put it away somewhere safe until tomorrow.

Day 2 - Take out and read what you wrote yesterday.

- a) Add until there is no more left to say.
- b) Sign it.
- c) Fold and put it away till tomorrow.

Day 3 - Take out and read what you wrote during the past 2 days.

- a) Add until there is nothing more left to say.
- b) Sign it.
- c) Destroy in three different ways so that the third and last way is final and definite. (example: tear page, draw on it and shred, or burn etc.).

3. Intuitive writing.

Write for 40 minutes without a pause.

Write whatever comes to mind and if you go blank keep your hand scribbling and don't let it stop until something else come to mind.

Painting and drawing techniques

1.
 - The client chooses three colours to paint with.
 - The coach also chooses three colours to paint with and checks with the client that these are acceptable.
 - Client and Coach start painting together on a big piece of paper without talking or planning.

Questions for the client:

1. How much self-expression did you allow yourself?
2. How much space did you allow yourself to take?
3. What was the thought or feeling behind the choice of colours?
4. What do these colours mean for you?
5. How did you feel with my choice of colours?
6. How did you feel with the way I chose to paint?
7. How does this connect to the illness in your life?

2. Colouring Organs.

- Ask your client to bring an accurate picture of the inflicted organ or system in the body.
- Ask the client to bring to the picture colors and images that represent the healing the client wants to take place in the organ or system.

3. Colouring Masks.

Use clean, white masks that are easy to color on (they can be found in Arts and Crafts shops).

You can use the masks in the following ways:

- Ask your client to draw the "face" of the illness and use that mask to do a Perceptual Positions exercise.
- Ask the client to make masks of the current perspective(s) regarding the issue. Add a mask every time there is a new perspective.
- Ask the client to make a mask of whom he/she really is and another mask of how he/she is perceived by others.
- Use the masks to discuss issues of self-worth.

10. Working with Pain

In the context of a Medical Coaching process the client will bring his/her pain to the coaching space. It will usually come in the form of emotional pain and with some clients it will also come in the form of physical pain.

The Medical Coaching premises on physical pain:

1. Any chronic pain that is present for longer than 6-8 weeks originates from unresolved emotions that have not been acknowledged or expressed on a conscious level and therefore are suppressed in the subconscious.
2. The presence of physical pain draws our attention away from that suppressed, subconscious emotion.
3. In every case of chronic pain there is a conscious will to heal. On a subconscious level there is anger at the body for "turning against us", not doing a good enough job of healing, hurting, abusing, disappointing and betraying us.
4. In many cases when people experience acute or chronic pain, they stop communicating with the body, as if they do not want to hear what it has to say through the pain about the suppressed emotions. (What would you do if someone turned a deaf ear to your emotions? You would probably feel frustrated and want to shout even louder. The body reacts in a similar way via the pain).

When we coach a client with chronic pain we focus on the emotions rather than the actual intensity of the physical pain.

For that purpose we need to learn to expand our listening skills so that we can listen to the voice of the feelings.

We will ask our client: "What feeling comes up and is present now?"
"What feeling are you desperately trying not to feel?"

When working with a client in pain it is important to create clarity regarding the connection between Pain and Suffering.

From a Medical Coaching perspective:

Pain is the experience of hurt.

Pain is a part of life.

Pain changes because everything in this world changes, that is the nature of things.

There is always something that we can do to change the nature of our pain.

Suffering is the experience of feeling powerless.

Suffering happens when we feel powerless to create or stop change.

In the context of pain, suffering is a result of feeling powerless to change or stop the pain.

Suffering is one option out of many, it is a choice.

There are 2 techniques in the Medical Coaching toolbox to work with pain:

1. EFT (Emotional Freedom Technique)
2. ACE (Advanced Clearing Energetics)

Tapping on pain:

We can use EFT in 3 different ways to work with a client's pain:

Technique # 1 - assess the intensity of the pain as if it were an emotion and tap on it using the reminder phrase: "this pain".

Technique # 2 – get the submodalities of the pain and tap on them as if they were emotions, using advanced tapping.

Technique # 3 (By Nick Ortner)

We elicit submodalities of: **Shape**, **Color**, **Emotion** and **Texture**.
We make sure the affirmation is sincere and authentic.

The set-up:

- Even though I have this **Shape**, I love and accept myself.
- Even though I have this **Shape** and **Color**, I love and accept myself.
- Even though I have this **Emotion**, I love, accept and forgive myself.

Eyebrow: This **Shape**

Side of Eye: This **Shape** and **Color**

Under Eye: This **Shape** and **Color** and **Texture**

Under Nose: This **Shape** and **Texture**

Chin: This **Shape** and **Color**

Collarbone: This overwhelm

Thymus: **Emotion**

Under Arm: This **Shape** and **Color** and **Texture**

Wrist: I am safe, calm and healing.

Deep breath and drink of water

Reassess submodalities of: **Shape**, **Color**, **Emotion** and **Texture**.

Start a new round

Get a new set-up with the new submodalities and start tapping.

Using ACE to clear pain - Richard Flook

What is Advanced Clearing Energetics®?

(by Richard Flook – creator of the ACE method)



When people ask me what I do, I say 'I lecture around the world on transforming pain into learning created by specific stressful events that cause certain diseases'. They then ask me 'Are you a doctor?' to which my reply is 'No'.

'Doctors do a great job of diagnosing a person's symptoms whether it is heart disease, a cancer, the flu, a syndrome or any multitude of issues. They treat the symptom with the aim of getting rid of it by using drugs, surgery, heating, freezing or other therapies to make the symptoms disappear.'

'I created Advanced Clearing Energetics® which begins with a simple question for the client: 'Why are you here?' and works back from what the clients says regarding pain, feeling out of sorts or a disease that they mention. By learning from and clearing the trapped energy that caused the stressful event that produces disease, pain or a psychological issue, the body then repairs itself, something it does naturally.'

Most disease is caused by stress, which we can say with certainty, was passed down to us through past events, often before our birth and very commonly from our parents. Most people completely agree with this. They all say 'I always knew stress caused disease.'

And science believes this too. Because science is finally catching up with this phenomena and it even has a name for it called Epigenetics (epi meaning above, so above genetics).

Epigenetics can be defined as the study of how the expression of our genes can be switched on or off, with no change to the DNA sequence, through inherited issues that are triggered by changes in our environment. Epigenetic research has found that our genes don't do anything unless something switches the expression of the DNA code off or on.

The Major Premise of ACE

A massive stressful event (UDIN) is picked up by the – **HEART**.

The energy (emotion) is communicated to and lodges in the – **GUTS**.

Then this stressful event (UDIN) become localised in the – **BRAIN**.

In a specific area that relates embryonically to a part of an – **ORGAN.**

(The reaction of the organ is designed to assist the person to solve the UDIN shock and learn from it.)

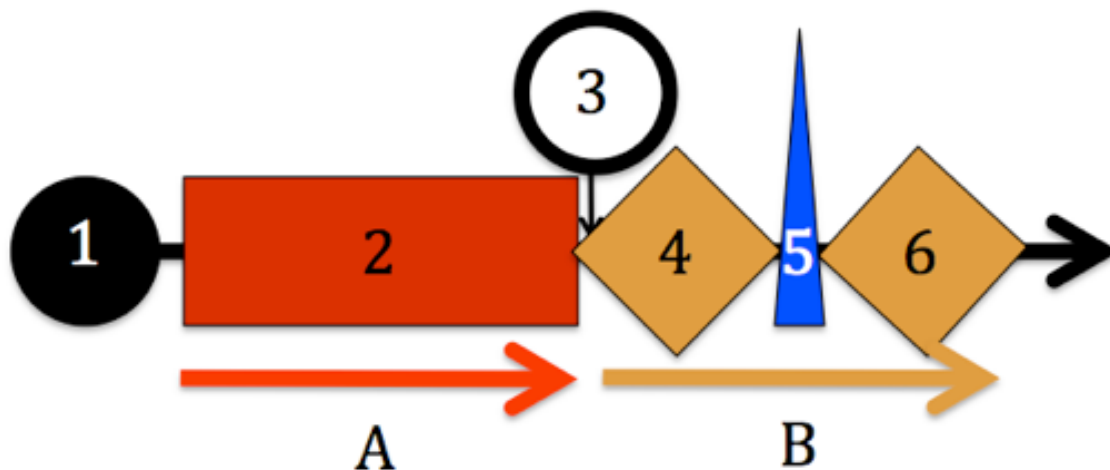
The Six Stages of healing

1. UDIN
2. Stress
3. UDIN Reversal
4. Repair
5. Spike
6. Rebuild

- A. Sympathetic
- B. Parasympathetic

Useful beliefs about ACE

- Let the client do all of the work. You are merely a coach (a navigator). If you are having to think, or work hard, you are getting in the way. Follow the process.
- All pain/issues are trapped energy.
- We are all designed to learn from past experiences.
- All diseases have a positive learning experience behind them.
- What is going on outside you is going on inside you.



- If there is stuck energy it can be seen everywhere and anywhere you look and it can be felt and also seen, inside you as well, as in pain and disease. This is mostly unconscious.
- If there is flowing energy it can be seen anywhere you look as well.
- Everything is metaphorical. It all has meaning and deciphering what is meaningful to you is the key. What you use and don't use will either cause you pain or cause you pleasure.

The ACE Strategy

1. Connecting with your Highest Self and earth
2. See the Inner Light Column (ILC) in your client and yourself. See the ILC in your client, calibrate.
3. Build Rapport using ILC and their heart.
4. Find out what their issue or problem is. Ask "Why are you here?"
5. Ask the client to go into their heart, brain, issue (pain or organ) belly (guts), one by one in any order.
6. Notice the underlying pattern behind the pictures, sounds, feelings. Get a 'code word' and intensity. If the issue is too big, ask 'What is the pattern made of?'
7. Start to clear the trapped energy 'down to zero until they get to a stuck energy (that also includes clearing positive energy).
8. Use the Magic Questions: Is this energy yours? Where does it come from? How far back?
9. Ask the client to 'Go back before the energy was ever created.'
10. Ask them to go into the heart and get the learnings.
11. Ask the secondary gain questions:
What are you doing now that once you let this go you will STOP doing?
What are you NOT doing now that once you let this go you will START doing?
 Use these at any point during the session.
12. Ask your clients Highest Self to come down and clear the trapped energy
13. Once the energy has gone - Test. How do they feel?
14. Ask the client to create a new energy/image/feeling that is who he/she really is. Do the three tests. If they fail the three tests go back to 4.
15. Test again, how do they feel?
16. Break Rapport by detaching the ILC from behind your heart.

Connecting with the Highest Self

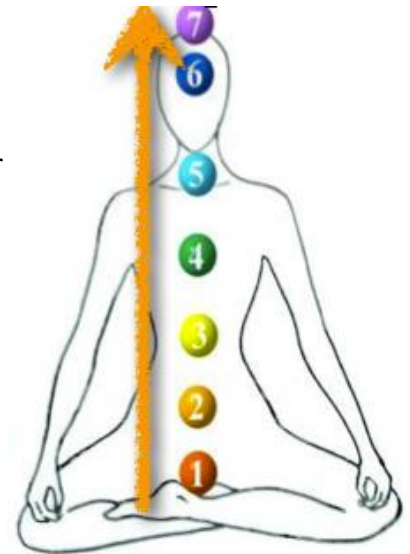
In order to connect with the Highest Self you need to raise your own energy.

In order to do this sit comfortably, breathe in from the bottom of your spine 7 deep breaths, stopping at each chakra point until you reach your head.

At your head you will feel an energy as you connect with your Highest Self.

Breathe up your spine flowing the energy up through each of the major 7 chakra points.

This energy brings the energy of life into the brain and through to connect with the Highest Self.



Grounding Yourself

The best way to ground yourself is to go outside in bare feet and put them onto the ground or earth for 20-30 minutes. However this is often not possible.

The other way is to imagine 2 rods of brown energy going through your feet connecting with the core of mother earth.

Finding Trapped Energy

Ask the client to go to the pain or organ under stress and ask:

Are there...

1. Any pictures coming up - small movies, images, people's faces, events coming to mind?
2. Any voices of people you know, mother, father, friend, work colleague, boss?
3. Any emotions coming up, feelings, unpleasant energy?
4. Any tastes or smells?

Do the same for the heart, brain layer and guts.

Get an auditory CODE NAME for the trapped energy. Non recognizable for you or the client, such as *yah, bah* or *nuni...*

Get the client to notice the pattern. If the issue is too big, ask 'What is the pattern made of?'

Using a Codename

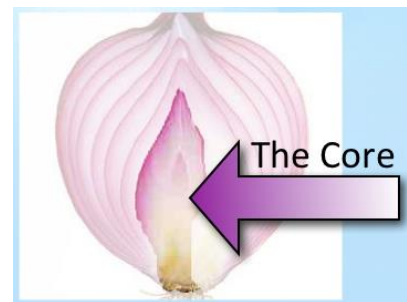
- Getting an auditory codename stops you, the practitioner, from getting caught up in the client's 'DRAMA' – which can waste a lot of valuable time.
- It stops the client from blaming others for their issues and therefore puts the client at CAUSE for their issues.
- An auditory codename, that is non-english, allows the client to associate safely without identifying with the issue.
- It turns the issue from something that is stuck back into a process – this allows the client to unravel the problem quickly, as we are only clearing a codename.
- There is a difference between DRAMA and important information. We want information but we don't want their story or 'DRAMA' - these can waste a lot of time. Keep reminding the client to go back to the CODE NAME.

Getting to the Core

Most issues will have trapped energy surrounding them. You will need to clear the surrounding trapped energy first in order to get to the core of the issue.

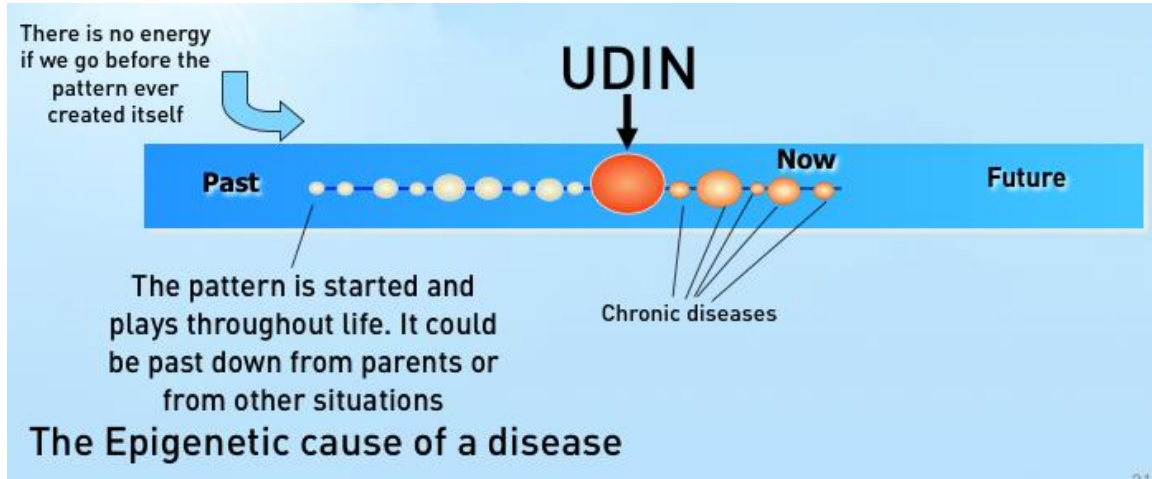
Use the Inner Light Column to remove the outer layer by:

1. Asking what emotion or energy is there.
2. Asking for the intensity level (0-10).
3. Asking the client to bring the intensity down to zero.
4. Repeating for the next emotion or energy, even if it is a positive energy.
5. Seeing your clients ILC moving up and down.
6. When an emotion fails to clear, you will be at THE CORE.



The Magic Questions

The goal of the 'Magic Questions' is to identify the core event.



- **Is this energy your's?** Yes or no?
- **If it is not your energy, where does the energy come from?** Either the person in the event, or their past or from ancestors or past lives or general consensus.
- **How far back?** Ask the client to 'Go back before the energy was ever created.' (NOTE: You can say to your client, 'If you go back before the energy was ever created it has not happened yet'.)
 - o Very recent, the last few days.
 - o Between ages 0-7.
 - o In the womb.
 - o Passed down through parents – how many generations does it go back?
 - o Passed down through other situations – the general circumstances of the group or an uncle or aunt that was not related to you.

The Learning Questions

We use the Learning Questions to define the positive learnings from the core event. These questions are asked when the client is at the point, over the time line, before the core event and the chain of events leading to it were ever created.

- 'What do you need to learn from this energy?'**
- 'What does your heart want to teach you?'**

The principles of a positive learning:

1. Stated in positive language.
2. Personal.
3. Relevant to all areas of life.

Positive earnings can be conscious and/or unconscious.

Give this process time.

Using the Secondary Gain Questions

When a person has a **Secondary Gain**, there is something more important for them to hold on to or keep which stops them from letting go of the major problem.

Use these questions at the point 'Before the energy ever created itself'.

What is it that you are doing that once you let this go, you STOP doing?

What is it that you are NOT doing that once you let this go, you START doing?

Give the client time to allow these questions to sink in and resonate.

IMPORTANT - It is recommended that you as a practitioner remain silent during this process. You can answer questions that come up from your client and then go back into the clearing process to complete clearing from the core if you wish.

Calibrate to know when everything has cleared.

After the energy has cleared

- At the 'before energy was ever created' point keep checking if the trapped energy has disappeared down to zero, it is neutral?
- Ask 'how do you feel about that old problem?'
- You want no trapped energy at that point.
- Often the client says the pain has gone down or disappeared.
- Bring the client back to now and test.
- If there is still trapped energy you will need to pause the process and clear it.
- It is important to make sure there is no energy left on the problem before proceeding.

Creating New Strategies

- Ask the client to get a new energy, thought picture, movie, sound of who he/she really is – the real authentic identity.
- After the old trapped energy and all associations have been cleared, it is important that we anchor a new set of strategies and/or resources.
- This new energy is not the antithesis, or opposite of what they had as a problem, but a brand new energy.

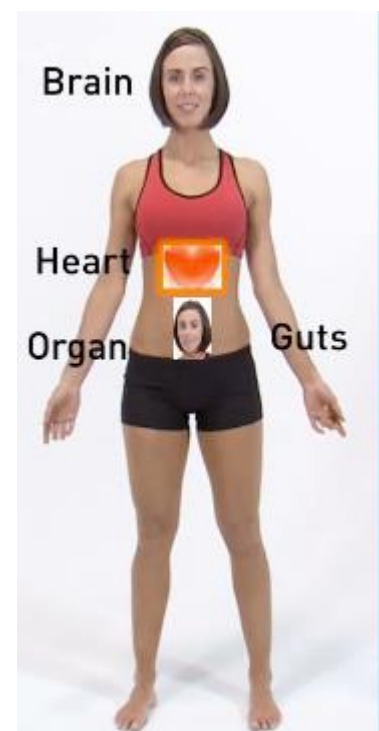
The Three Tests

- *Does the new energy come immediately?*
- *Do they like it?*
- *Does it go into the heart quickly?*

If they do not pass the three tests when adding the energy, then there is still more to clear.

Add the New Energy

- Add the new energy to the heart first.
- Make sure it goes in easily.
- Let the energy FLOW down into the belly (guts)
- Let the energy FLOW up into the brain,
- Let it FLOW into the organ or add it to the pain area.
- TEST and check how things are different in the future.



The ACE Process Outlined

IMPORTANT NOTE: This is a process where the client does all the work and you merely coach the client. If you have to really think and use lots of extra techniques to clear the energy, you are working too hard. Step back, take a small break and come back to it afresh.

1. Find out what the issue or problem is.

NOTE you cannot ask for a medical diagnosis - the client has to volunteer the information.

2. Ask the client to go into their heart, brain, belly (guts), issue (pain or organ), one by one in any order:

- a) Ask the client 'Are there any pictures coming up, any sounds, any sounds or voices, any emotions, uncomfortable energy, any tastes or smells?'
- b) Repeat for all 4 areas, pain/issue, heart, brain, guts.
- c) Write everything down.
- d) Sometimes the client needs to go through all 4 areas before they come up with something.

3. Notice the underlying pattern behind the pictures, sounds, and feelings. Give this pattern, which is really just trapped energy, a 'code word'. Get an intensity score from 0-10.

4. Start to clear the trapped energy 'code word' and any subsequent feelings/emotions by asking the client to bring the feeling/energy down to zero:

- a) Use your notes to clear the energy.
- b) Use the following instructions: 'Bring that down to zero', 'allow it to be clear', 'let it clear itself'.
- c) As one feeling disappears another might come up. Clear them all using the same technique even if it's positive or even if the client says there's nothing. Ask them to 'Bring the energy down to zero. Safely and comfortably'.
- d) You might come to a feeling/energy that will not clear. If this happens you clear it using the same techniques used to clear the CODE NAME (paragraph 5-9).

5. Use the Magic Questions to clear the energy of the core event (represented by the CODE NAME) :

- a) 'Is this energy yours - Yes or No?'
- b) 'Where does it come from? How far back?'

6. Ask the client to 'Go back before the energy was ever created':

- a) Get them to go back before the energy was ever created.
- b) Wait for them to go back in time in their minds, you will see a change in their face and may feel the energy drop as they go back before the energy was ever created.
- c) Ask them 'Are you back before the energy was ever created?'

7. Ask the client to get the positive learnings:

- a) *'What are you learning from this?'*
- b) *'Ask your heart what it wants to teach you?'*
- c) *The client may give you an answer. All you need to check is did they get the positive learnings which may be conscious or unconscious.*

8. Ask the Secondary Gain questions:

- a. *'What are you doing that once you let this go you STOP doing?'*
- b. *What are you NOT doing that once you let this go, you START doing?'*

** You can ask these secondary gain questions at any time of the process.*

For example if the client is finding it hard to go back before the energy was ever created.

9. Once the energy has gone – Check:

- a) Ask the client *'Has the energy gone and what is the level now?'*
- b) If at zero get them to come back to now. If it has not released ask the secondary gain questions or ask to go back to before the trapped energy was ever created. Sometimes when clients go back in time they find that the energy started even further back.
- c) If another deeper emotion appeared, go back and repeat the process from #5.
- d) Test until you are sure there is no energy left on any old events and that the client cannot access the old feelings/energy.

10. Ask the client to create a new energy/image/feeling that is who they really are:

- a) Do the three tests:
 - Did the new energy/picture feeling come up easily?*
 - Do they like it?*
 - Did it go into the heart easily?*

** If none of these things happen quickly then there is more to clear.*
- b) Put the new energy into all 4 areas, the heart, brain, guts, and pain/issue.

11. Test again: how do they feel?

12. Break Rapport gently and bring the client back to the present.

11. Stress Management

Stress is a physical and physiological response to a stressor that makes us change the way we normally react and think.

Stress can be caused by different stressors and be short-lived or long-lasting. Stressors can be external and internal...they can be anything and everything!

Acute Stress

Acute Stress is short-lived and appears as a result of exposure to an emotionally dramatic event/situation such as deadlines, financial issues, car accident, relationships, parenthood etc.

On the one hand acute stress can be beneficial and create motivation. On the other hand it can cause physical symptoms such as:

- Headaches
- Stomach aches or indigestion
- Sweating
- Heart palpitations
- Shortness of breath
- Dizziness
- Chest pain

During an acute stress event our bodies release stress hormones like adrenaline and cortisol, which flood the body in order to get the heart going and boost energy levels. Once the crisis/event has passed, the body balances the levels of adrenaline and cortisol, the stress diminishes and we start to recover.

Chronic Stress

Chronic, or long-term stress, appears as a result of an ongoing exposure to an event/situation that is not resolved.

The long term high levels of cortisol in the body cause various health problems:

1. Memory and reasoning are impaired.
2. High blood pressure due to the narrowing of blood vessels.
3. Bruxism - clenching and grinding the teeth, a condition afflicting the jaw and surrounding muscles.
4. Suppression of neurotransmission in the brain, causing depression.

5. A weakened immune system and increased risk of infections and stress related diseases.
6. Excessive hair loss.
7. Aggravation of existing skin problems including psoriasis, rosacea, acne and eczema.
8. Muscular pain mostly in the back, neck and shoulders.
9. High risk for cardiovascular disease and hypertension.
10. Aggravation of existing medical conditions and illnesses.
11. Aggravation of the digestive system that results in irritable bowel, nausea, or diarrhea.
12. Weight gain as a result of several hormones playing a role in the stress and craving process, including serotonin, cortisol and neuropeptide Y.
13. Impact on sex drive, vaginal infections, impotence, sexual dysfunction and infertility.
14. Mental and emotional problems including insomnia, headaches, irritability, anxiety and personality changes.

To understand more about the science of stress, the role and impact of Cortisol (the stress hormone) and the relationship between stress and disease, I highly recommend that you read a brilliant book called: **The Cortisol Connection** by Dr. [Shawn M. Talbott, PhD](http://www.shawntalbott.com). You can read it on book website: <http://cortisolconnection.com/>
To read more about Dr. Shawn Talbott go to - www.shawntalbott.com

Psychosomatic Illness

Psychosomatic Illness is another name for illnesses caused by chronic stress.

From a physiological perspective, the body's way to respond to stress is by activating the sympathetic nervous system which results in the 3 Fs: **Freeze-Fight-or-Flight** response. The sympathetic nervous system releases high levels of cortisol into the body.

Since our brain does not know how to differentiate between "reality" and "imagination", it does not know how to differentiate between an external environmental stressor and an internal one. Our body reacts the same way to both types of stressors.

Dr. Shawn M. Talbott says that our bodies' ability to cope with stress is far more important than the actual cause of stress.

Different people react in different ways to acute stressors and chronic stressors.

Some turn to cigarettes, alcohol, eating or drugs and some react through the body or the mind.

A person's reaction to a stressor derives from the way that person perceives the stressor.

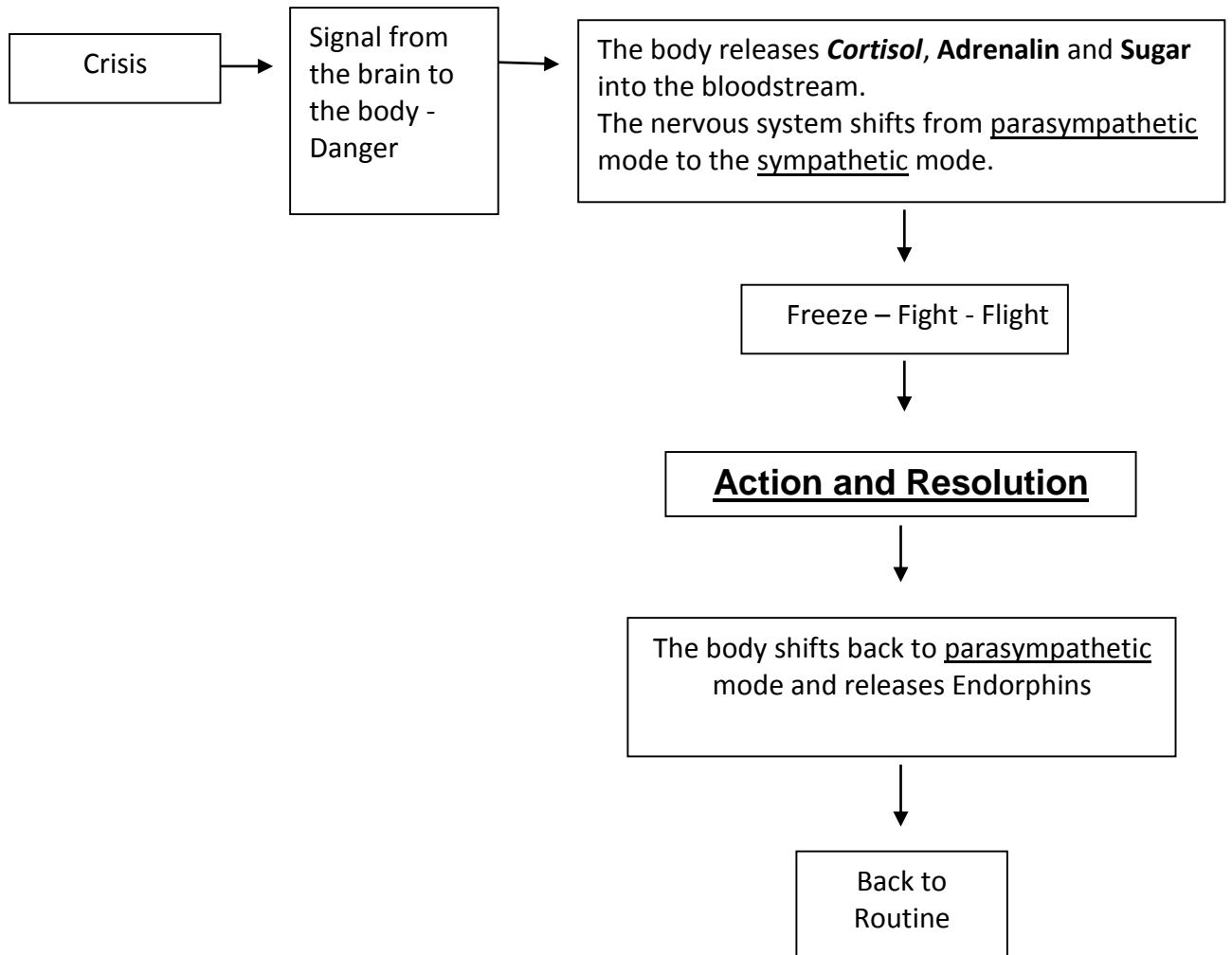
There are four groups of reaction to stressors:

1. Physical reactions: blood pressure, heart rate, body temperature, breathing rate, etc.
2. Emotional reactions: fear, anxiety, anger, shame, sadness, etc.
3. Behavioral reactions: loss of interest, aggression, crying, nervousness, etc.
4. Mental reactions: confusion, distortions in perception, difficulty in judgment, etc.

Psychoneuroimmunology

Psychoneuroimmunology (PNI) is a relatively new field that studies interaction between psychological processes and the nervous and immune systems of the human body. PNI examines the relationship between mental processes and health by focusing on the interactions between the nervous and immune

An abstract flow chart of the stress reaction in the body



Chronic stress means that the person has not completed the action and resolution phase.

In the Medical Coaching process we help the client complete the Action and Resolution phase so that there can be a shift to the parasympathetic mode and back to a balanced daily routine.

It's important to remember:

1. The connection between stress and illness is 'a two way street': stress causes illness and illness causes stress.
2. Stressors are subjective and can be anything from an argument to an accident.
3. Positive events can be stressors.

Coping with stress

There is no "right" way to cope with stress. Medication alone does not provide a complete solution. The down side of using medication alone is that it only addresses the symptoms and not the cause, yet that is also its benefit because it allows a person to get relief while going through a deeper process of identifying and releasing the actual stressors.

Alternative and complementary therapies offer a variety of efficient ways to cope with stress. Some give symptomatic relief and some help release the stressors.

In Medical Coaching we work with our client to clear the stressors so that all the resources that were directed towards coping with stress can be redirected towards healing.

Checking for stress in the body

- Stand stright - arms in front of the body.
- Close your eyes.
- Allow your hands to easily and effortlessly drift apart.
- Open your eyes and notice how far apart the arms have drifted.

12. Clearing Trauma

The original meaning of the word TRAUMA is - a physical wound or injury to the body caused by an external source.

Today, Trauma is considered an experience and not an event.
It has physical, emotional, mental, and social aspects.

According to Prof. Mooli Lahad (Israeli psychologist and psycho trauma specialist) a traumatic event interrupts four life sequences:

1. The cognitive sequence – "what just happened?"
2. The functional sequence – "what do I do now?"
3. The social sequence – "no one can understand what I'm going through"
4. The historical sequence – "something happened to me, it changed me"

Four elements turn a dramatic event into a traumatic one:

Unexpected – from a subjective perspective.

Dramatic – the existence of intense fear and powerlessness and a perceived threat to the physical, emotional or mental wholeness.

Isolating - from a subjective perspective.

No Strategy - the person feels disconnected from resources.

We call it a **UDIN** moment.

During the time of its occurrence we feel shocked by the unexpectedness of it, overwhelmed by the dramatic emotions, isolated in the moment, powerless and without a strategy in the face of a force stronger than us.

After a traumatic event, our mind and body are still in a state of shock.
Through time we start to make sense of what happened to us, process our emotions, create meaning by getting learnings from the event and eventually heal ourselves.

Trauma can affect those who personally experience it; those who witness it such as care takers, friends and family members of those who went through the actual trauma.
This is called – SECONDARY TRAUMA.

Today, even the medical establishment refers to events of physical trauma - such as an injury, accident and illness, as an emotional and mental experience of trauma.

To clear the emotions from a traumatic event/UDIN moment we use EFT.

The Tearless Trauma Technique (EFT)

This is a good technique to clear traumatic events and painful memories.

Identify a specific event or memory that still triggers intense and painful emotions.
Make sure that the event is in the client's past and has ended!

Assess the emotions and the intensity and write it down.

It's important that the client does not recreate the event in his/mind!

- Give the event/memory a code name.
- Write down all emotions and thoughts that the event triggers.
Elicit the submodalities of the emotions and thoughts - and assess the intensity.
- Tap on the event using ONLY the code name and sub-modality of the emotions and thoughts.
- Do 3-4 rounds.
- Reassess the intensity and elicit new sub-modalities.
- Keep tapping until you have brought the intensity under 2.
- Ask the client to TRY to remember "that old event" and notice what has changed.
- Ask the client what become possible now.

When clearing a memory of a traumatic event it is important to remember that trauma impacts and changes a person's belief system.

In order to make our work sustainable we need to clear any belief that has been created or changed by the traumatic event.

The following question will point us in the right direction:

In that specific trauma/event, what do you do to survive?

Post-Traumatic Stress Disorder - PTSD

Symptoms of PTSD:

Re-experiencing the traumatic event

- Intrusive, upsetting memories of the event.
- Flashbacks.
- Nightmares.
- Feelings of intense distress when reminded of the trauma.
- Intense physical reactions to reminders of the event.

Avoidance and numbing

- Avoiding activities, places, thoughts, or feelings that remind you of the trauma.
- Inability to remember important aspects of the trauma.
- Loss of interest in activities and life in general.
- Feeling detached from others and emotionally numb.
- Sense of a limited future.

Increased anxiety and emotional arousal

- Difficulty falling or staying asleep.
- Irritability or outbursts of anger.
- Difficulty concentrating.
- Hyper vigilance.
- Feeling jumpy and easily startled.

Obsessive interest in the trauma

- Feelings of intense guilt and responsibility regarding the outcome of the trauma.
- Obsessive thoughts about the traumatic events.
- Reduction in interest in anything that does not have to do with the trauma.
- Attempts to recreate the chain of events leading to the trauma.

Not everyone that has PTSD will exhibit all of the symptoms, but even one is enough to cause pain and suffering in one's life.

Can anyone suffer from PTSD?

Generally speaking – yes, because a person's inner maps give meaning to every event in that person's life.

Nevertheless, there are a few factors that increase the probability of PTSD:

- The type of event.
- The severity of the consequences.
- The duration of the exposure.
- The richness of a person's inner maps.
- The availability of resources around the time of the event.
- The level to which control was lost.
- Prior emotional and mental issues.
- The level of support from the family/community.

Diagnostic Shock

A Diagnostic Shock is a traumatic shock created around the act of giving or receiving medical information.

It can occur due to an initial diagnosis, a second opinion, test results, a change in medical therapy, a change in diagnosis, on-line medical information.

Similar to any other traumatic event, a diagnostic shock is an unexpected, dramatic, isolating event that evokes a sense of powerlessness and lack of strategy in the face of danger.

13. Emotional First Aid

The goal of these techniques is to create an emotional balance and change awareness.

Emotional balance is critical when a person needs to make quick decisions, cope with a crisis and create an action plan.

When one can regain an emotional balance the reaction is aligned and proportional to the event.

The principles for emotional First Aid:

1. Introduce yourself.
2. Establish rapport.
3. Ask what happened and what the person needs.
4. Help the person's emotional balance (using fast relief techniques, grounding and connection)

Remember!

You already have 3 important tools:

1. Knowledge of rapport.
2. Knowledge of submodalities.
3. Knowledge of EFT.

Four Element Technique

1. Change body posture.
2. Change breathing rate – inhale through the nose (count to two), hold two seconds and exhale through the mouth (count to four).
3. Look up.
4. Change facial mime.

Red Cross Technique

Good for dissociative states.

1. Turn your eyes to the left and follow with your head.
2. Turn your eyes to the right and follow with your head.
3. Head straight, look up 45°.
4. Stomp your feet and drum with your hands on the sides of your body.
5. Bring the palms of your hands together in front of you and look at them.

Eye Movement Technique

Do this without moving the head...

1. Look to the left and back to the middle.
2. Look up and back to the middle.
3. Look right and back to the middle.
4. Look down and back to the middle.



Rotating in Space Technique/ taken from P.E.A.T by Zivorad M. Slavinski

1. Identify the challenging image (a still picture - not a movie)
2. Ask the client:
 - What are you seeing, hearing and sensing?
 - What are you thinking?
 - What are you feeling?
3. Ask the client to take all the colour out of the picture and put a frame around it..
4. Ask the client to point to the place of the picture in the space, reach out and touch the frame with the the finger tip.
5. Ask the client to close his/her eyes and drag the picture as you turn him/her 3.5 turns counter-clockwise (keep reminding the client to drag the picture with the finger tip)
6. Break State.
7. Ask the client to try to remember the old feeling.

Breaking Space Technique/ taken from P.E.A.T by Zivorad M. Slavinski

1. Identify the challenging image (a still picture and not a movie)
2. Ask the client:
 - What are you seeing, hearing and sensing?
 - What are you thinking?
 - What are you feeling?
3. Ask the client to, take all the colour out of the picture and put a frame around it.
4. Ask the client to point to the place of the picture in the space, reach out and touch the frame with the the finger tip.
5. Ask the client to close his/her eyes and drag the picture while you turn him/her 90° to the left.
6. Ask the client to estimate the following:
 - The distance from the finger tip to the ceiling.
 - The distance from the finger tip to the floor.
 - The distance from the finger tip to the wall in front.
 - The distance from the finger tip to the wall behind.
 - The distance from the finger tip to the wall on the right.
7. Turn your client back and remind him/her to drag the picture with the finger tip.
8. Break State.
9. Ask the client to try to remember the old feeling.

1. Connect to the anger/stress, notice how it feels in the body.
2. Contract all possible muscles in the body (arms, feet, face, buttocks) and hold your breath for 10 seconds.
3. Release and take two-three deep breaths.
4. Repeat six times.

Positions

A.

- Stand straight.
- Turn your feet in one direction and your head in the other.
- Put one hand on your stomach and the other on your lower back.

B.

- Stand straight and measure an elbow distance from the wall.
- Lean sideways on the wall, touching the wall only with your head (body remains straight)

Another way to look at emotional first aid:

Caring: Perspectives on Health Care by Jamie K. Reaser, Ph.D.

On Friday November 5th, I came upon a scene in a metro station that was to teach me a profound lesson in the art and science of health care. The entire experience took only a few minutes. It was about 8:15 am and one of the few grey, chilly mornings of the DC fall thus far in '99. I passed my ticket through the metro gate and joined the time-pressed masses heading for the 23rd Street escalator. Then I stopped.

A crowd of people was gathered around a bloody-faced young woman who had collapsed on the ground at the base of the incoming escalator. At first glance the young woman seemed to be attended to by so many passers-by that I concluded anyone else would merely get in the way. And, surely, I surmised, all the local commuters knew that a hospital was just across the street. I took a few more steps on my journey to work.

Looking back over my shoulder, I doubted my quick evaluation; the crowd consisted largely of curious spectators, most stood and some sat around the young woman. No one was actually in one-to-one contact with her, at least not in a way I knew to be possible. I decided to see what, if anything, I could do to help.

Upon reaching the woman it was apparent she was more unconscious than conscious. Although her eyes were open, she could not see. And, if she could hear, she was not

responsive to questions. Her breathing was shallow and very rapid. According to the observers, she had been this way for 10 minutes already.

Two other women on the scene were medical professionals: a resident and an emergency room nurse. They had also been on their way to work.

The ER nurse had "taken charge" of the situation and when I approached she was repeatedly telling everyone that "There is nothing we can do. We just have to wait for the hospital staff." The resident stood by, watching.

Concerned that the young woman might be processing, "There is nothing we can do." I started to reframe the nurse's statements to "She is being cared for." "Everyone here is caring for her." "We all care about her." "She is a person deserving care."

As this was happening, I was doing my best to send warm, caring energy to the young woman and to connect with her on an unconscious level.

Since she wasn't responding to auditory or visual cues, I decided to try to change her breathing quickly by pacing and leading kinesthetically. I took her arm and rubbed it for short, shallow strokes, which eventually (over merely a period of seconds) become long, deep strokes. At the same time, I gave her verbal encouragement and reinforcing feedback just in case she could hear me. Her breathing followed and she began to relax.

Next I looked at the position in which her eyes seemed to be stuck (straight forward and slightly to each side) and did my best to step into her shoes to get an idea of what might be happening internally for her. I got the impression that she was stuck and overwhelmed in an auditory channel and that I might be able to get her "unstuck" if I could "switch" her to a kinesthetic channel.

I took her hands and squeezed down on them in a caring way, yet quite firmly. Immediately the eye lock was released and she could both hear and see.

The nurse launched a string of statements: "You are sick." "You've had a seizure." "You can't move." And then to follow the questions she'd been bombarding the woman with when she was unresponsive, "You don't know who you are or where you are."

The young woman said, "I'm scared" and the nurse replied with "I know you must be very scared, terrified."

The young woman asked, "Where are my friends?" and the nurse said, "You are all alone."

I tried to reframe as many statements as I could, as quickly as I could. I encouraged the young woman to notice that she recognized the clues indicating where she was, who she was, what had happened, and that she was safe and surrounded by friends who were caring for her.

Meanwhile, I continued to hold her hands, make eye contact, and send her supportive energy.

She turned to me and, looking straight into my eyes, said, "I want you to stay with me until the doctors come...you care about me...you are helping me...I'm safe with you."

And when the doctors did come in a matter of seconds, they started talking to the ER nurse (not the young woman) and whisked the nurse and young woman off into an elevator only a few feet away with a quick, curt "thank you" to the crowd.

The young woman looked out at me as she was being wheeled away and I said "You know you will be OK, don't you?" and she gave a slight nod.

Had I had a few minutes more with her, and gotten her permission, I probably would have started the trauma process and asked someone else to gently massage her "brain buttons."

I don't think the ER nurse, resident, or anyone else even noticed my interventions. And, while I certainly could have been explaining everything I was doing, it seemed more important to give my full attention to the young woman than to teach NLP at that time.

The major lesson I took away from the experience was that health care to these medical professionals seemed to be limited to care of the "body" while from an NLP perspective, I perceive health care as support for the "body, mind, and spirit."

When choosing what NLP tools to share with medical professionals, let's place rapport and the supportive use of language patterns at the top of the box.

Jamie K. Reaser, Ph.D. is a Conservation Ecologist and Certified NLP Master Practitioner, Health Practitioner, and Trainer.

14. Loss, Dying and Grieving

Before we begin to work with clients that are or have experienced loss of any kind it is imperative that we take the time, to examine our own beliefs, values, thought patterns and emotions around issues of loss, death and grief.

Loss

A chronic illness /medical crisis is, among other things, an experience of loss. Because it is an ongoing, ever changing experience, the loss takes on many shapes and forms: losing a job, physical abilities, and the ability to do certain things on your own, social status, friends, mobility, dreams, privacy, sexuality etc.

Unlike a permanent loss, such as death, chronic illness invites a constant flow of "small" losses into one's life. This challenges one to find a way to allow space to grieve while still maintaining the daily level of function and responsibilities.

As medical coaches we encourage our client to identify his/her authentic way of grieving these losses and create grieving spaces that can allow the grief to be heard and processed.

Writing a Loss History

A loss history is a great tool the client can use to reveal or identify how he/she views loss and help understand the coping mechanisms he/she uses.

The information included should address various events of loss (not only deaths), such as: divorces, job losses, illnesses, major moves etc.

These are examples of questions that could be used:

- Was an illness or deformity something to be ashamed of or talked about openly?
- Was it okay to show sadness in the family? Or was that considered a weakness?
- Were the details of a divorce discussed or did you know not to ask?
- What are your family mottos regarding loss?
- What are some stories told in the family regarding the "right way" to deal with loss?
- How do you think your family wants you to deal with your loss based on the messages you received?
- How do you think your friends/community want you to deal with your loss based on the messages you received?

- What cultural rituals for sickness, death, burial and bereavment does your family/community practise?
- What kind of beliefs regarding sickness and death did you hear in your family/community?
- Do you remember deceased relatives on their birthdays or the anniversary of their deaths?

Loss is an event – Grief is the process of coming to terms with the loss.

Death

"It's not that I'm afraid to die, I just don't want to be there when it happens." Woody Allen

Death is the ultimate most frightening form of loss.

In this context it is important to remember:

1. Death is a part of life.
2. We are all going to die.

When the topic of Death come up in the coaching process we as medical coaches need to hold a safe space while balancing between letting the client set the pace and calling the client forth.

As human beings, talking about our death or planning for it goes against every instinct we have. Yet in the context of a medical coaching process talking about death is just another way of "walking our talk".

"The Talk"

Talking about death in a coaching way means the topic is addressed in a way that is aligned with the client's values.

Like with everything else that comes up in coaching we want to design an alliance around this talk and ask our client permission to be curious, blurt out intuition, and challenge.

There are certain topics that need to be addressed:

- Type of end of life care
- Preferred place of death
- Resuscitation or DNR
- Funeral arrangements
- Care of dependents
- Organ donation
- Legacy
- Farewells
- Closure
- Having "The Talk" with family and loved ones
- Worries and unresolved issues

The Dying MATTERS website - www.dyingmatters.org is a wonderful resource for you, your client and your client's family.

Dying MATTERS is a coalition of 30,000 members across England and Wales which aims to help people talk more openly about dying, death and bereavement, and to make plans for the end of life.

Dying

Things we need to remember about the process of dying:

1. Dying can be a traumatic process for the person and his/her community (family, friends, care takers and colleague).
2. The dying are grieving as well.
3. Not every one has a religious faith to lean back on but every one has resources that bring comfort and closure.
4. The process of dying holds a lot of fear and uncertainty:
 - Fear of being/dying alone.
 - Fear of becoming a burden.
 - Fear of pain.
 - Fear of losing one's dignity.

Things we need to remember about coaching a dying client:

1. Our presence is the most empowering and valuable thing in the stage of the coaching process.
2. We come from a place of empathy and not sympathy.
3. Listen carefully to everything - verbal and non-verbal.
4. It is crucial at this point to lower the level of fear and stress as much as possible.

Our job is not to prevent pain of loss or the loss itself.

Our job is to facilitate a separation process that is aligned with our client's values and beliefs – in medical coaching we call it: Facilitating a Gentle Death.

Tools for coaching a dying client

1. Powerful questions:

- What would it be like to regain control now?
- What do you need to choose what is right for you, right now?
- What would it be like to ask and receive the help and support you need right now?
- What needs to be said? To whom does it need to be said?
- How do you want to die?
- What would be a good death?
- What do you need to do so that you can have a good death?
- What haven't we addressed yet?

2. Creating a Sanctuary

- Create a place that is a sanctuary for you. A safe, pleasant, comfortable place.
- What does it look like?
- What are the sounds, smell, tastes and senses in this place?
- How does it feel when you are there?

3. Soften & Flow

When a difficult emotion comes up, ask the client to tune the attention to the emotion, soften it and allow it to flow out...

- For some clients it's important to reframe that nothing is really lost in the universe, everything changes, recycles so that it can be in the service of something new.

4. Meditation

5. Documenting dreams, thoughts and memories.

6. Writing letters

7. Preparing an emotional last will and testament – legacy, for family members and/or friends.

Grief

Grief helps us process the loss and create new meaning in life. Grieving is an unavoidable painful and difficult phase/process.

The Theory of grieving - Dr. Elizabeth Kubler-Ross

Dr. Kubler-Ross' theory about the stages of grief, described in her 1969 book "On Death and Dying," was initially developed through her observations of terminally ill patients and their families.

However, this 5-stage model can be applied to help people understand, cope and even predict their emotional reactions to a range of events involving life with a chronic illness.

In this model, the Five Stages of Grief are:

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

Denial – "This can't be happening to me"

In this stage you are in denial about your diagnosis – you do not believe it's true. You might feel numb, "in shock" or simply de-personalized, as though "it's not happening to me but to someone else." You feel nothing at all - for a while.

Denial is a natural coping mechanism - it helps us cope with feelings that are overwhelming at the time and protects us from feeling out of control and helpless.

Anger – "Why me? It's not fair!"

As the shock wears off, you begin to accept the truth of your diagnosis and you start feeling angry about it.

The anger can be generated by various things: the unfairness of being ill, the "betrayal" of your body, a sense of helplessness you might feel etc...

Anger is a strong and difficult feeling to cope with. You might find yourself lashing out at friends and family members, finding it difficult to contain your anger or even trying to "medicate" the anger with alcohol, drugs or other behaviours.

You might be preoccupied with what could have been done to prevent the illness and/or experience feelings of guilt as you struggle with the idea that you may somehow have caused the disease.

Bargaining – "I promise to X from now on..." / "I just want to Y before..."

As the anger subsides, you may find yourself trying to "make deals" with God/yourself/the body to make your illness go away. You might find yourself questioning and doubting your personal and/or spiritual beliefs.

If this doesn't work, you may find yourself going through the anger stage again.

Depression – "Why bother?" / "There is no point..."

As the bargaining subsides, the truth of your situation begins to "sink in" and you begin to experience profound feelings of sadness and loss.

Sleep disturbance, loss of appetite, lack of energy, poor concentration and crying spells are common outward manifestations of depression.

This sort of depression is a normal part of the grieving process.

However, depression that significantly interferes with basic activities (eating, bathing, dressing, etc.) or leads the person to thoughts of suicide, injuring themselves or others, requires immediate medical care.

Acceptance – "I can be OK"

Acceptance is not happiness.

Acceptance means you have gained enough strength and support to move forward in your life. By moving forward you don't necessarily live the life as you would like it to be (without the illness) but you have reached the point where you can lead a life with happiness and new ways of self-fulfillment, a life without crippling emotional reactions or self-destructive coping behaviors.

Some Thanatologists say there is a sixth stage – Euphoria.

It "looks" like this: "I'm going to die/I've been through the worst, nothing can hurt me anymore – I am untouchable".

Don't confuse this stage with denial, they are very different.

Important to remember when working with this model:

1. This is not a linear progress.
2. There is no "right way" or a timetable for this.
3. Some people skip a state and some repeat stages.
4. It is important to create a safe space and allow self expression at every stage, without judgement or offering advice or instant solutions.
5. Create a context for the emotions and reframe what is happening by connecting it to the model and the different stages.

Emotions that come up during the grieving process:

1. Shock – even when the loss is expected we're still stunned by the fact that it really happened.
2. Denial– we are not yet prepared to accept the reality of the loss.
3. Relief – when the dying process was a painful one, accompanied by suffering of our loved one, we feel relief. In some cases, this will be accompanied by guilt.
4. Guilt – for things that have not been said or done.
5. Fear – how will life continue now? What will happen to us?
6. Numbness – a feeling that can last from several hours to several weeks and even months.
7. Anger – at the deceased, the family, the doctor, the medical system...
8. Longing – for what has been lost.
9. Loneliness - difficulty adjusting to life without the person/thing that is lost.
10. Sorrow – for the loss of connection.

It is important to remember that grief takes time, and the best thing that we can give to our clients is our time.

Coaching grieving clients:

Grief can be an overwhelming process. Many times people are not sure how and when the grieving begins and/or when and how it does end.

Cultural and/or familial rites of bereavement provide a structure to help a person reframe and process the loss but many times this does not feel authentic or enough.

The main principle of coaching a client through a grieving period is helping the client process the loss so that he/she can create new meaning from this separation and integrate this experience with the rest of his/her life experiences.

Grieving begins when we realize that we can no longer "bypass" the mourning, we need to work our way "through" it and deal with our emotions regarding the loss.

There are four aspects that support a grieving process:

1. **Maintaining function and health**
 - Regular meals and healthy nutrition.
 - Sleep and rest.
 - Physical activity.
 - Keeping the GP informed and updated.
2. **Social support**
 - Maintaining connection with current social circles.
 - Support groups.
 - Maintaining calendar community events.

3. **Emotional process**

- Giving permission to feel and be with what is currently present.
- Sharing emotions.
- Talking about the loss and listening to other stories about loss and grief.
- Giving permission to begin memorialization.
- Documenting the emotional process.
- Creating a wider context.

4. **Family and close relationships**

- Allowing the loss to be familial as well as personal.
- Giving permission to various ways of bereavment (releasing judgment).
- Maintaining familiar roles and events.
- Giving permission to familial/social acts of memorialization.
- Authentically expressing wishes and setting boundaries.
- Giving permission to rethink and replan holidays and family events during the first year of mourning.

Coaching Tips:

- Have patience – everyone has a difference way and pace.
- Be humble.
- Be authentic.
- Be honest.
- Be empathic and not sympathetic.
- Respect old defence and coping mechanisms.
- Be aware of your own emotions, limitations and boundaries.
- Get supervision.

Remember:

Although grieving is personal, unique and has no "quick fix" everyone goes through the following: *I can't...*

I must...

I will...

15. ETHICS FOR MEDICAL COACHES

Aviva Baumel, Adv. PCIL, CPCC

*This representation is for self-study use only; the content of this presentation is neither legal opinion nor any other opinion and does not replace the need of such opinions.

Coaches working environment



Coaching relationship = trust (fiduciary) relationship

- The coaching relationship is based on trust; trusting the Coach's professionalism and integrity (discretion).
- The client entrust his/her own personal interest within the Coach's hands;
- The basic duty is to establish a trusting relationship between the coach and the client. (ICF core competencies - establishing trust and intimacy with the client)

TRUST DUTIES

- The trust relationship creates ‘trust duties’: honor and respect of the person and his/her autonomy and values; confidentiality & privacy; integrity and professionalism.
- The rational: to ensure that in spite of the power and authority of the coach (holding the client's interest) and the potential dependence of the client – the coach will act only towards the benefit of the client, separately and regardless of any self-considerations and interests.
- The prohibition of a conflict of interest is designed to strengthen this principle and ensure it.

The Existence of A Trust Relationship

A trust relationship exists upon the occurrence of the following:

- ✓ Ongoing relationship between 2 people;
- ✓ Non-equivalent relationship with potential dependence;
- ✓ Client seeking advice, support;
- ✓ Client entrusts his/her personal interest into the Coach’s hands, based on the Client’s believe in the Coach’s professionalism, integrity and fairness;
- ✓ Private information is being disclosed in the coaching space only.

The Coaching Boundaries

- No clear distinctions between Coaching and other disciplines (e.g. Therapy, Counseling). There are overlapping issues.
- The key difference: **is the focus or the purpose of the relationship.**
'...that differentiates Coaching from Therapy (Alleviating distress vs Goal attainment.) T. Grant)
- The major risk in Coaching: trespassing the “red line” and engaging with other formal licensed professions.
- Care Rules:
 - Always know who you are and what your limitations are. Be modest.
 - Know how to reason your behaviour; rely more on know-how than on intuition.
 - Keep your hand away from pathological mental illness (e.g. Anorexia and Bulimia have been recognized as mental illness)

Coaching:

- Oriented to non-clinical population
- The Client is naturally creative, resourceful and whole
- Does not engage in diagnostic capabilities and knowhow
- Focused on revealing new self-applicable capabilities
- Focused on the present and the future: what next
- Focused on the Client (rather than on the story or the problem)
- Solution focused
- Encourages accountability

Therapy:

- Designed to address the needs of people suffering from diagnosable clinical disorders (e.g. depression, anxiety)
- Normally designated to heal, correct, rehabilitate
- Based on medical/psychological diagnosis. Therapists have diagnostic capabilities
- Client is not naturally creative
- The therapist is the specialist
- Tends to rely on the past
- The Therapy is often planned by the Therapist
- Focused on “why”; searching for reasons, and on the story

Referral to Mental Health Services

- Active mental illness.
- Abuse of any kind.
- Addictions*
- Suicidal thoughts
- Other mental damage

*Drugs alter the structure of how the brain functions; sometimes in an irreversible way. Addiction is a disease of the brain. Only well-trained therapists or doctors should engage. Off limits for coaches.

TOP TEN INDICATORS TO REFER TO A MENTAL HEALTH PROFESSIONAL*

1. Client is exhibiting a decline in his/her ability to experience pleasure and/or an increase in being sad, hopeless and helpless.
2. Has intrusive thoughts or is unable to concentrate or focus.
3. Is unable to get to sleep or awakens during the night and is unable to get back to sleep or sleeps excessively.
4. Has a change in appetite: decrease in appetite or increase in appetite.
5. Exhibits feelings of responsibility and guilt for the condition, suffering or death of others.

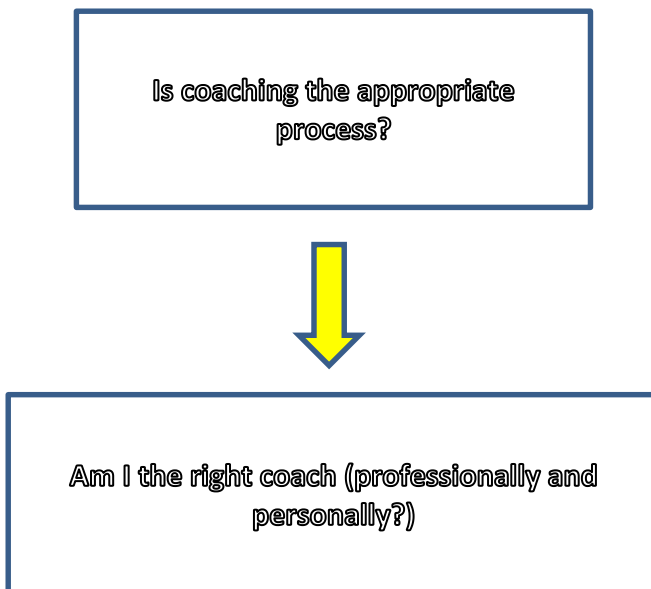
6. Has feelings of despair or hopelessness.
7. Is being hyper-alert and/or excessively tired.
8. Has increased irritability or outbursts of anger.
9. Exhibits impulsive and risk-taking behavior.
10. Has thoughts of death and/or suicide.

***The Life-Personal Coach Committee of the International Coach Federation**

Prepared by: Lynn F. Meinke, MA, RN, CLC, CSLC

SELF COMPETENCE & BOUNDARY MANAGEMENT

Coaches are required to recognize both personal and professional limitations: (AC code of Ethics); therefore, 2 questions should be asked:



Ethics

- Ethics – all doctrines and theories dealing with virtues and human morality.
- The science of right and wrong.*
- Basic assumption: ‘good’ exists and the human being is capable of knowing and following it.
- The question is: What is the right (appropriate) thing that we ought to do?
- Definition of what is good and bad, moral and immoral, right and wrong vary and are subject to interpretation.

***Coaching ethics and the Law, Supervision in Coaching, p. 142**

Professional Ethics

- Subsection of applied ethics that focuses on conduct and moral decisions within the context of a particular relationship in the workplace.*
- Ideal (high) behavioral standards of any professional person.
- An **agreed** set of human behavioral rules.
- PE is never individual or subjective; it was determined by each of the relevant professional community (e.g. Medical community for doctors).
- PE doesn't deal with morality; nevertheless, it is based on morality since any PP is first and foremost a human being with a moral systems of its own.**

*Coaching ethics and the Law, Supervision in Coaching, p. 142

**Research Ethics, edited by R. Landau & G. Shefler, Magnes edition, p. 3

4 Ethics Principles

- Autonomy (A Human's right to decide its fate).
- Do no harm (refrain from causing harm; eliminating damage)
- Making good (benefit, useful)
- Doing good (justice)

The core principle in providing services of any kind is: Do the good and do no harm*

*Y. Zadik

Confidentiality:

- Due to human nature and culture/social environment - one of the most difficult duties to comply with;

The ethical rule and legal duty that is placed on all coaches. Derived from the trust (fiduciary) relationship between the coach and the client;

- Is a public interest in protecting the confidence received under notice of confidentiality or where there is a reasonable expectation of confidentiality, as it exists in the coach/client relationship.
- The client is the owner of the confidential information;
- Is protected by the Data Protection and Privacy Protection Acts

Breach of confidentiality*

- The information disclosed by the client has a quality of confidence about it;
- The information must have been disclosed in circumstances where there was an obligation of confidence;
- Unauthorized use of that information by the coach.
- No requirement to show damage.

*Coaching Ethics and the Law, Supervision in Coaching, p. 180

Exceptions to Confidentiality

Authorized use:

- The client consents to the disclosure/use of the CI (written waiver).
- A risk of harm to the client or others;
- Serious illegality that should be reported to the authorities (e.g. the police) as required by the Law.

How to deal with Confidentiality *

- Discussion of confidentiality – at the beginning of the professional relationship;
- Discussion includes: nature of confidentiality, limitations, authorized disclosure;
- Remember: all information obtained in the course of the coaching relationship is confidential unless there is compelling professional reason for its disclosure;
- Do not solicit private information unless it is essential in the provision of service;
- Confidentiality should be maintained in the strictest levels; discuss CI only when privacy can be assured;
- In a consultative capacity – (1) get the client's prior consent; and (2) avoid disclosure of any identification details.
- Take practical and lawful steps to ensure the records are secure;
- Always be aware of current best business practices and informed of legal requirements.

*ICF & IAC codes of Ethics

Privilege vs Confidentiality *

- The coach may ethically pledge to exercise confidentiality with the client's information, but still be compelled to reveal that information because the coach-client relationship is not legally privileged.
- Legal privilege is governed by the Law of Evidence;
- "No person has the privilege to refuse to be a witness, refuse to disclose any matter, refuse to present any object or writing, or prevent another from any of the above."
- This recognition of the privileged relationship is for the protection of the information provided by the client and for his/her benefit, not that of the professional.
-

- Privilege ensures that individuals may refuse to disclose information and prevent any other person from disclosing confidential communications.
- Coaching is a non-privileged relationship and its communications are kept confidential; coaches could be compelled into disclosure through a legal action of the client.

*Law & Ethics in Coaching, by P. Williams & S.K. Anderson, 112-115, John Wiley & Sons, inc. 2006

Medical Coaches’ working environment



Medical Coaching vs Wellness Coaching *

- MC focuses more on the relationship between the individual and the medical system.
- MC focuses more on coping with traumas, chronic, mental, terminal illnesses, deficiencies, disabilities and other pathologies.
- Medical treatment – healing the body of any illness.
- Medicine is an external tool designated to heal by different diagnostic methods, and medical treatment.
- MC evolves out of the medical process and therefore it is subject to it; The MS and MP are the “first violin” while the MC is the second “violin”.

*J. Davis

The Wellness Coaching*

- WC is more identified with Holistic-Alternative Medicine.
- HAT – self healing of the body; physical, mental and emotional balance through self-independent abilities of the body.
- Aimed at people who wish to improve their life style and quality of life and to generate significant changes in all 3 health known contexts: mind-body-spirit.
e.g. Fitness coaching, self-healing coaching, wellness or well-being, health coaching, holistic coaching and so forth.
- WC focuses more on the individual's own ability to improve his/her life style, independently of the Medical system or medical process.

*J. Davis

Doctor-patient relationship

- Trust (fiduciary) relationship.
- The patient and his/her rights are central (not the doctors).
- The right of autonomy – first-born priority.
- Do no harm – the basic and most important duty.
- All communications are privileged (as opposed to Coaching).
- Every patient is a dilemma.
- Intimacy – physical contact.
- Medical records.
- MC as a member of a medical team.

16. Toolbox Summary Table

<i>Topic</i>	<i>Tools</i>
<i>Setting Goals</i>	<ul style="list-style-type: none"> • S.M.A.R.T • 6 Logic Levels of Change
<i>Crossing a threshold and/or creating motivation/commitment</i>	<ul style="list-style-type: none"> • Anchoring a Goal in the Client's Future • 6 Logic Levels of Change
<i>Values</i>	<ul style="list-style-type: none"> • The 'Reframing Values' technique
<i>Beliefs and Belief Systems</i>	<ul style="list-style-type: none"> • Sub-modalities belief change • The Circular Inquiry Technique – deconstructing limiting beliefs • Have – Do – Be Technique • Changing Submodalities (Like-Dislike)
<i>Anchoring Resources</i>	<ul style="list-style-type: none"> • Changing LIKE to DISLIKE • Collapsing Anchors • 6 Step Reframing • Circle of Excellence • Parts Party • EFT - The Growing up Method/ N. Hill
<i>Clearing Trauma</i>	<ul style="list-style-type: none"> • EFT - Tearless Trauma
<i>Clearing Triggers</i>	<ul style="list-style-type: none"> • EFT • Rotating in Space Technique • Breaking Space Technique
<i>Emotional Ventilation</i>	<ul style="list-style-type: none"> • EFT • EFT – GROWING UP METHOD
<i>Conflict Resolution</i>	<ul style="list-style-type: none"> • Parts Integration
<i>Relationships</i>	<ul style="list-style-type: none"> • Shifting between Perceptual Positions - relationship with another person • Shifting between Perceptual Positions - relationship with the body/organ
<i>Pain</i>	<ul style="list-style-type: none"> • EFT • Talking with Parts • Shifting between Perceptual Positions - relationship with the pain/organ • ACE
<i>Perspectives</i>	<ul style="list-style-type: none"> • Talking with Parts • 6 Logic Levels of Change • Shifting between Perceptual Positions • 6 רמות לוגיות של שינוי

17. Additional Resources

Recommended Reading list for Medical Coaches

- **When Sleeping Beauty Wakes up**\Patt Lind-Kyle
- **With The Power Of Each Breath**\Susan E.Browne, Bebra Connors & Nancy Stern
- **How to Help Children Through a Parent's Serious Illness**\Kathleen McCue
- **Quantum Healing**\ Deepak Chopra
- **Writing Cures: An Introductory Handbook of Writing in Counselling and Therapy**\ Gillie Bolton , Stephanie Howlett, Colin Lago, Jeannie K. Wright
- **Dying Was the Best Thing That Ever Happened to Me**\ William E. Hablitz
- **The Power of Myth**\ Joseph Campbell
- **Beliefs: Pathways to Health & Well-Being**\ Robert Dilts, Suzi Smith, Tim Hallbom
- **Writing as a Way of Healing: How Telling Our Stories Transforms Our Lives**\ Louise Desalvo
- **The Diving Bell and the Butterfly: A Memoir of Life in Death**\ Jean-Dominique Bauby
- **The Sociology of Health, Healing, and Illness**\ Gregory L. Weiss
- **The Illness Narratives: Suffering, Healing, And The Human Condition**\ Arthur Kleinman
- **Narrative Medicine: Honoring the Stories of Illness**\ Rita Charon
- **The Wounded Storyteller: Body, Illness, and Ethics**\ Arthur W. Frank
- **Motivational Interviewing in Health Care: Helping Patients Change Behavior**\ Stephen P Rollnick PhD, William R. Miller Phd , MD Christopher C. Butler
- **The Genie in Your Genes: Epigenetic Medicine and the New Biology of Intention**\ Dawson Church Ph.D.
- **The Hero's Journey**\ Stephen Gilligan (Author), Robert Dilts
- **Why Am I Sick?** \ Richard Flook
- **My Voice Will Go with You: The Teaching Tales of Milton H. Erickson**\ Sidney Rosen
- **Sleight of Mouth**\ Robert Dilts
- **Lean on Me**\ Nancy Davis Find all the books, read about the author, and more.
- **Cancer as a Turning Point: A Handbook for People with Cancer, Their Families and Health Professionals**\ Lawrence LeShan
- **Words that change minds** / Shelle Rose Charvet
- **Man's Search for Meaning**/ Victor Frenkel
- **Love, Medicine & Miracles**/ Bernie S. Siegel, M.D.
- **On Death and Dying**/ Elizabeth Kübler-Ross
- **Women's Bodies, Women's Wisdom**/ Dr. Christiane Northrup
- **How Doctors Think**/ Jerome Groopman, M.D.
- **The Last Lecture**/ Randy Pausch
- **Oh, The Places You'll Go**/ Dr. Seuss

Dancing in the Rain

There once was a woman who woke up one morning, looked in the mirror and noticed she had only three hairs on her head.

Well," she said, "I think I'll braid my hair today?" So she did and she had a wonderful day.

The next day she woke up, looked in the mirror and saw that she had only two hairs on her head.

"Hmmm," she said, "I think I'll part my hair down the middle today?" So she did and she had a grand day.

The next day she woke up, looked in the mirror and noticed that she had only one hair on her head.

"Well", she said, "today I'm going to wear my hair in a ponytail." So she did and she had a fun, fun day.

The next day she woke up, looked in the mirror and noticed that there wasn't a single hair on her head. "YEA!" she exclaimed, "I don't have to fix my hair today!"

Attitude is everything.

Be kinder than necessary, for everyone you meet is fighting some kind of battle.

Live simply, love generously, care deeply, speak kindly and leave the rest.

Life isn't about waiting for the storm to pass...

It's about learning to dance in the rain.

Do not stand at my grave and weep/ Mary Frye

Do not stand at my grave and weep,

I am not there, I do not sleep.

I am in a thousand winds that blow,

I am the softly falling snow.

I am the gentle showers of rain,

I am the fields of ripening grain.

I am in the morning hush,

I am in the graceful rush

Of beautiful birds in circling flight,

I am the star shine of the night.

I am in the flowers that bloom,

I am in a quiet room.

I am in the birds that sing,

I am in each lovely thing.

Do not stand at my grave and cry,

I am not there. I do not die.

Fully alive/ Dawana Markova

I will not die an unlived life.
I will not live in fear
of falling or catching fire.
I choose to inhabit my days,
to allow my living to open me,
to make me less afraid,
more accessible,
to loosen my heart
until it becomes a wing,
a torch, a promise.
I choose to risk my significance;
to live so that which came to me as seed
goes to the next as blossom
and that which came to me as blossom,
goes on as fruit.

I Dare You! Jack Boland

I DARE YOU...
to prove that you are more
than you ever believed yourself to be.

DARE ...
to prove that there is more in you,
more to you,
that there is a dimension of you
the world has not yet seen.

DARE...
to spread your wings,
and soar and sail.

LAUGH in the face of adversity
and rejoice in it.

KNOW that you are now,
and always shall be,
victorious over any circumstance.

YOU are greater
than any circumstance
that has ever been in your life.